



**Creating Opportunities For  
Independent Living And Work**

**2015 Comprehensive Statewide Vocational  
Rehabilitation Consumer Needs Assessment –  
FINAL**

**Massachusetts Rehabilitation Commission  
Research, Development, and Performance Management Department**

**In collaboration with:  
Statewide Rehabilitation Council  
Needs Assessment Committee**

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## **Executive Summary**

The Massachusetts Rehabilitation Commission (MRC) in conjunction with the Statewide Rehabilitation Council (SRC) conducted its annual Comprehensive Statewide VR Consumer Needs Assessment (CSNA) in the Fall of 2015. The Rehabilitation Services Administration (RSA) requires the MRC to conduct a Comprehensive Statewide VR Consumer Needs Assessment at least every three years, but the MRC administers it on an annual basis with the information and findings incorporated into the MRC's section of the Massachusetts WIOA Combined State Plan, as well as in MRC's Strategic Planning, and Quality Assurance activities. The findings on consumer needs listed in this report are presented and shared with MRC Senior Management and VR staff, the entire body of the SRC, and other key stakeholders as part of the MRC's State Plan and continuous quality improvement processes. It is also publicly distributed via the MRC website. The 2015 CSNA process constituted a number of areas, including: a consumer survey; focus groups; analysis of key statistical and demographic information and facts; findings from other reports and surveys including the Consumer, Provider, and Counselor Satisfaction surveys; pilot youth and employer surveys; and collaboration and discussion with the SRC and other key stakeholders.

The MRC 2015 Comprehensive Statewide VR Consumer Needs Assessment Survey was administered electronically via Survey Monkey in September and October 2015. A focus group of MRC consumers was also conducted at the Consumer Conference in June 2015. There were 1,655 consumers who responded to the survey out of a total of 6,227 possible consumer recipients, for a response rate of 26.6%. The number of responses exceeded the amount required to make statistically significant conclusions at a 99% confidence level, according to the Raosoft.com sample size calculator, by a wide margin. There was a 25% increase in the number of consumer respondents from the 2014 Needs Assessment Survey and a 21% increase in the number of consumers offered the opportunity to participate in the survey compared to 2014.

**The main findings of the 2015 Comprehensive Statewide VR Consumer Needs Assessment can be summarized as follows:**

1. This year's CSNA confirms that the majority of consumers served by the MRC are people with the most significant disabilities. The findings indicate that a majority of MRC consumers require multiple Vocational Rehabilitation (VR) services and supports to assist them in their efforts to prepare for,

choose, obtain, maintain, and advance in competitive employment. There is also a high need for transportation and Community Living (CL) services amongst many consumers. The need for multiple VR services was found to be slightly greater amongst individuals of diverse ethnic and racial backgrounds (particularly African-Americans and Hispanics) and for individuals with cognitive or psychological disabilities. The findings suggest that many consumers also require supported employment and ongoing and extended employment supports. The need for multiple CL services was greatest among individuals with physical or sensory disabilities. (See page 130 for a key to disability groupings).

2. Overall, the majority of MRC consumers believe MRC services are addressing all or most of their needs and are satisfied with MRC services. 78% of consumers feel MRC services are at least somewhat effective in meeting their vocational service needs. 83% of MRC consumers are satisfied with the services they receive. Also, the majority of consumers (79%) are also somewhat or very satisfied with the development of their Individualized Plan for Employment. Many of those who feel MRC services are not meeting their needs indicate they have difficulty maintaining contact with their counselor, have not been provided consistent or adequate information on services, or have experienced changes in their assigned counselors due to high levels of staff turnover.
3. Many consumers expressed strong praise and gratitude for the hard work and support provided by the MRC and its counseling staff. It is clear that MRC and its staff make a significant positive impact on the lives of many of its consumers. The level of positive feedback from consumers this year is exceptionally notable. A need raised by consumers included better contact with their counselor and more information about available services and MRC procedures, including information and referral to other agencies. It also appears some consumers may not have a complete understanding of what the MRC can and cannot do for them.
4. The most important and needed VR services listed by consumers were job placement (89%), career counseling (86%), supported employment (81%), benefits planning (80%), work-readiness training (74%), ongoing supports to assist in retaining employment (71%), vocational training (71%), On-the-Job Training and Job-Driven Trainings (70%), and assistance with college education (69%).
5. Among individuals with less than a high school education at application, 95% indicate that transition services to assist in transitioning from high school to college and employment and 87% find pre-employment transition services for students with disabilities as important service needs. Obtaining a high school diploma and college education were also rated as important services by youth. Results

throughout the CSNA demonstrate a need for pre-employment transition services among high school students with disabilities and youth consumers of transition age and MRC is working to address this need through its WIOA initiatives. MRC is working closely with local school districts on transition and WIOA pre-employment transition services, including those provided under the Individuals with Disabilities Education Act (IDEA). MRC has a counselor assigned to every public high school in the Commonwealth and has developed strong working relationships with the Department of Elementary and Secondary Education.

6. The most important job characteristics that MRC consumers indicated they are looking for in a job include job satisfaction and personal interests (96%), a friendly job environment (95%), earning a living wage (94%), an adequate number of hours worked per week (94%), vacation and other leave benefits (90%), and promotional opportunities (88%).
7. The most common occupational areas of interest listed by MRC consumers included Community/Social/Human Services (38%), Administrative (29%), Health Care (28%), Self-Employment (26%), Customer Service (24%), Computers/Information Technology (22%), and Arts/Entertainment/Media (21%). All but Self-Employment are amongst the top 10 occupational goals by Standard Occupational Code (SOC) in consumer employment plans in the MRCIS Case Management System. A number of consumers also asked for additional information on self-employment supports.
8. Only 30% of consumers indicated that they are aware of the Independent Living Center in their area. Individuals with psychological disabilities, younger consumers, and those in the South and North District tended to be less aware of ILCs compared to consumers with other types of disabilities.
9. Transportation continues to be an area of need for some MRC consumers. The most important and needed transportation services and options listed by consumers are the Donated Vehicle Program (21%), public transportation (18%), driver's education and training (12%), the Transportation Access Pass (10%), The Ride/paratransit (9%), and information on transportation options (9%).
10. Transportation can serve as a barrier to some consumers and 34% of consumers find transportation to be a potential barrier to obtaining employment (down 2% from 2014). Common reasons for how transportation is a barrier include inability to access jobs via public transportation, the cost of transportation, reliability and the time required to travel via public transit/paratransit, lack of a vehicle and/or driver's license, the distance to available jobs, and health conditions or the nature of disability.

11. The most important and needed Community Living services indicated by responding consumers were affordable, accessible housing and the Mass Access Housing Registry (63%), accessible recreational services (54%), the Consumer Involvement Program (45%), Home and Community Based Waiver Services (45%), the Individual Consumer Consultant (ICC) program (43%), assistive technology (38%), home care (36%), and home modification (33%).
12. When factoring out consumers who indicate they do not require Community Living services, approximately 89% of MRC consumers indicated that MRC's services were somewhat or extremely useful in assisting them to maintain independence in the community. As with the section on VR, many consumers reflected on how the MRC's assistance has been tremendously valuable. Many consumers, however, were not aware of some or all of the CL services provided by the MRC. Others indicated they do not require CL services.
13. Finding affordable and accessible housing continues to remain a challenge for many consumers due to economic conditions and the high cost of living in Massachusetts. The Independent Living Centers may be able to assist consumers in this area, and counselors may be able to refer consumers to other resources to assist with housing needs.
14. A total of 18% of consumers feel they require additional services and supports. This number has fallen by about 5% since 2011. These services include job search assistance, job placement and job training, financial assistance, transportation, affordable and accessible housing, information on available services, assistive technology, education and training, and services and supports from other agencies.
15. The most important single service consumers are receiving includes job placement and job search services, assistance with college education, vocational counseling and guidance, assistive technology, job readiness training, assistance with obtaining supplies for school and work, job trainings, and transportation.
16. A majority of MRC counselors (70% satisfied/very satisfied) are satisfied with their ability to assist individuals with disabilities in obtaining, maintaining, and advancing in competitive employment based on their skills, interests, needs, and choices. The majority of MRC counselors are generally satisfied with most services provided to consumers, including internal job placement services, services from Community Rehabilitation Providers, and education and training provided to consumers by schools and colleges. One area of improvement identified by counselors was the need to improve communication with both consumers and providers. Counselors identified areas that would assist them in doing their job better, such as improved support and resources for job placement, more full time job

placement specialists, increased information on job leads for consumers, additional on-the-job training and other training resources, continued enhancements to the MRCIS system, and training on WIOA implementation, amongst others.

17. Most consumers appear to be satisfied with services received from Community Rehabilitation Providers (CRPs). The majority of MRC staff also are somewhat or very satisfied with CRP services. Nearly 90% of CRPs indicated they are satisfied with services they provide to MRC consumers. Improved communication as well as information flow between CRPs and MRC staff may assist in improving service delivery to consumers and lead to more successful employment outcomes. Some CRPs have asked for MRC to provide additional information on client referrals for CRP services. Recent vendor expansion undertaken in 2014 appears to have addressed CRP capacity needs, but there still may be a need for additional capacity in specific geographic areas, client population focus areas, and in particular service areas such as assessment based on counselor and provider feedback.
18. A pilot survey of MRC employer partners through MRC's account management system indicates a very high level of satisfaction with MRC job placement services amongst employer partners (88% satisfied/very satisfied) including satisfaction with the job performance of employees hired through MRC (93% satisfied/very satisfied). Most responding employers indicated that MRC meets their recruitment needs and would recommend MRC to other businesses for employment and recruitment. These findings suggest that MRC's efforts to work with employers are effective towards accommodating the needs of our consumers and employer partners.
19. There are areas where additional MRC staff training may assist in improving the quality and effectiveness of VR services delivered to consumers. Specific areas include refresher trainings on the MRCIS system as well as on VR best practices, policies, and procedures, strategies for maintaining communication with consumers, and on pre-employment transition services under WIOA.
20. The MRC has identified Asian and Pacific Islanders as being slightly underserved by the MRC's Vocational Rehabilitation program compared to their proportion in the overall state population. MRC continues to see growth in minority populations served by the MRC VR program in general. Growth in the Asian population continues to be seen in the state's general population. It is recommended that the MRC continue its outreach efforts to Asian communities. MRC has translated key agency marketing and information materials and recently completed a project to translate all MRCIS correspondence letters into several Asian languages common in Massachusetts including Mandarin Chinese, Vietnamese, and Khmer as part of its Language Access Plan.

21. In order to meet the needs of individuals served through other components of the Statewide Workforce Development System, MRC continues its efforts to collaborate with other core partners in the workforce investment system to reduce unemployment of individuals with disabilities and to provide effective services to employers throughout the state, to seek out collaborative opportunities including possible projects and grants that may assist individuals with disabilities across Massachusetts in obtaining competitive employment, and to continue to work closely together on WIOA implementation including common performance measures, and developing methods to track shared consumers across the workforce system, among others.
22. MRC will continue to work in collaboration with other core partners under WIOA to survey and identify the needs of individuals working with other components of the Workforce system. Some of the identified needs include: interviewing skills, resume development, job specific skills (CVS pharmacy technician training, Certified Nursing Assistant (CNA) Program, Advance Auto Parts, Lowes, and Home Depot retail training). MRC will continue to consult with core partners on the identified needs of their consumers as it relates to accessibility and access to employment opportunities, employment training, and provide employer trainings on disability awareness and job accommodations.
23. The Massachusetts Rehabilitation Commission VR Program has a presence at the Massachusetts career centers; the MRC Commissioner serves on the State Workforce Investment Board (SWIB), and each area director has a formal relationship with at least one career center. In addition, many area directors are on local workforce investment boards. MRC VR counseling staff make frequent visits and often conduct interviews at the local career centers. The MRC's job placement specialists and other assigned MRC staff work closely with local career centers to provide high quality vocational rehabilitation services to persons with disabilities seeking expanded employment opportunities and to make the career centers more responsive to the needs of individuals with disabilities including providing disability sensitivity training for career center staff.

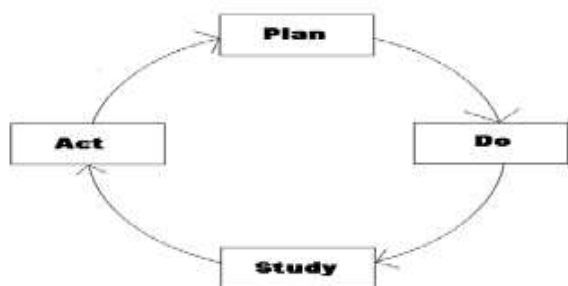


## **Introduction**

The Massachusetts Rehabilitation Commission (MRC), in cooperation with the State Rehabilitation Council (SRC), has conducted its 9<sup>th</sup> annual comprehensive statewide study of consumer service needs, including the need for pre-employment transition services among high school students with disabilities. This year's Comprehensive Statewide VR Consumer Needs Assessment (CSNA) was conducted in the Fall of 2015. The Rehabilitation Services Administration (RSA) requires the MRC to conduct a Comprehensive Statewide VR Consumer Needs Assessment at least every three years, but the MRC conducts this process on an annual basis with the information and findings incorporated into the MRC Vocational Rehabilitation Section of Massachusetts' WIOA Unified/Combined State Plan, Strategic Plan, and Quality Assurance Activities. MRC has enhanced the CSNA process to incorporate new requirements and to collect key data and information to assist the agency in successful implementation of the Workforce Innovation and Opportunity Act (WIOA), and will continue to revise and enhance the CSNA process as WIOA final regulations are enacted as necessary.

MRC's Continuous Quality Improvement System, including the CSNA, is based on the Plan, Do, Study, Act (PDSA) quality improvement model developed by Dr. Walter Stewart and Dr. W. Edwards Deming (*Figure 1*).

**Figure 1:**  
**PDSA Model: The key to quality improvement is through a PDSA cycle**



The purpose of this study is twofold: to provide agency management with detailed information regarding the needs of the consumers served by the MRC, and to fulfill the federal requirement that the agency conduct a needs assessment at least every three years as part of the MRC Vocational Rehabilitation Section of Massachusetts' WIOA Unified/Combined State Plan. The MRC and the SRC have determined

that conducting a needs assessment of consumers every year provides agency management with detailed and timely information regarding the needs of MRC consumers and individuals with disabilities in the Commonwealth of Massachusetts, including the need for supported employment, and pre-employment transition services.

The goal of the CSNA is to provide agency staff with short and long term data on consumer needs to drive improvements to Vocational Rehabilitation and other related MRC programs. In addition to assessing the overall needs of the MRC's consumer population and individuals with disabilities in Massachusetts, the CSNA process seeks to identify the VR service needs of individuals with significant disabilities including the need for supported employment, determining the needs of individuals with disabilities from diverse ethnic and racial backgrounds, individuals who may be underserved or unserved by the MRC's VR program, the needs of individuals with disabilities served through the overall Massachusetts workforce investment system, to evaluate the need to create and improve community rehabilitation programs, and to assess and evaluate the needs of youth with disabilities and students with disabilities, including their need for pre-employment transition services or other transition services. Additionally, the CSNA also is intended to assess the needs of individuals with disabilities for transition career services and pre-employment transition services, and the extent to which such services are coordinated with transition services provided by local educational authorities under the Individuals with Disabilities Education Act (IDEA).

The MRC utilizes the results of the CSNA to assist in crafting the goals and priorities for the agency, defining avenues for resources that will form the determination of goals and priorities for the years to come. This information also informs MRC program development and special project activities by documenting the need for grant funded programs and new initiatives meeting the vocational needs of citizens with disabilities in the Commonwealth of Massachusetts. The findings on consumer needs listed in this report are presented and shared with MRC Senior Management and VR staff, the entire body of the SRC, and other key stakeholders as part of the WIOA Unified/Combined State Plan, MRC's Strategic Plan, and continuous quality improvement processes. The information is also disseminated through the MRC's public website.

The CSNA process consists of a consumer survey, focus groups, analysis of key statistical and demographic information and facts, and collaboration and discussion with the SRC and other key stakeholders. Findings from other reports and surveys including the Consumer, Provider, and Counselor Satisfaction surveys are also incorporated into the CSNA. The MRC and the SRC have developed a committee of MRC staff, SRC representatives, and other stakeholders to manage the CSNA process to ensure the CSNA is comprised of a wide array of information to determine the service needs of citizens with disabilities within Massachusetts as well as provide input on the assessment of the needs of consumers served by the MRC. The committee reviews the CSNA process each year to enhance and modify the process as needed to ensure it captures a wide range of information, both quantitative and qualitative, from a wide range of participants. The process has been further enhanced based on WIOA requirements to include new information on pre-employment transition services, coordination between MRC and schools operating programs under the Individuals with Disabilities Education Act (IDEA), and services provided to employers. MRC will continue to refine the CSNA process for WIOA requirements as final regulations are released later in 2016.

This project was managed by Graham Porell, and William Noone of the MRC Research, Development, and Performance Management Department. We sincerely thank the following individuals for their participation in this process:

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### **Changes to This Year's Comprehensive Statewide Needs Assessment Process and Instruments**

As part of its overall continuous quality improvement processes, MRC seeks to continually improve the Comprehensive Statewide Needs Assessment Process in collaboration with the SRC Needs Assessment Committee. During 2015, MRC and the SRC Needs Assessment Committee continued research on best practices for CSNA processes from other VR agencies and conducted a review of relevant literature to ensure the MRC CSNA process best captures the needs of individuals with disabilities served by MRC.

Specific enhancements to the 2015 CSNA process included minor modifications and enhancements to the Needs Assessment survey instrument, enhancements to annual surveys contained under the CSNA process such as the Consumer Satisfaction Survey, a survey of community rehabilitation programs in Massachusetts, and a survey of MRC counseling staff. Additionally, new items were added for WIOA, including new questions to the Needs Assessment Survey and other surveys contained under the CSNA designed to assess the needs of youths and high school students with disabilities, including the need for pre-employment transition services. A new employer survey to obtain input from MRC employer partners was also added to assess MRC services to employers plus a survey was piloted to high school students who participated in MRC's work-based learning summer programs in 2015. Several minor changes were also made based on input from the SRC to the survey instruments. These changes assist in ensuring the MRC Comprehensive Statewide Needs Assessment collects a broad source of qualitative and quantitative information to assess VR service needs in Massachusetts and conforms to new WIOA requirements.

These enhancements are in addition to the continuation of information and data added to the 2014 CSNA process including information from MRC's Strategic Plan, summary of findings from MRC's client case reviews, information on staff training needs, findings from performance-based contract reviews, the RSA Standards and Indicators, labor market information, and other related information.

In addition, focus groups continued as a regular component of the CSNA process. For the third straight year, a focus group session was conducted during the Annual Consumer Conference. The focus group consisted of a diverse group of MRC consumers representing all regions of the state. Consumers were asked a series of questions based on the questions contained in the Needs Assessment Survey. Once again the focus group yielded feedback and recommendations consistent with and complementary to the Needs

Assessment Survey. In addition to the annual focus group, MRC is planning a series of more targeted focus groups for specific populations (region, MRC office, disability group, ethnic groups) to allow MRC to better assess the needs of specific populations.

The Rehabilitation Services Administration (RSA) conducted a monitoring review of MRC in the Spring of 2014. During the review meetings, RSA staff commended MRC on its CSNA process, particularly the successful implementation of an electronic survey process, and noted our process is among the strongest and most comprehensive in the country. Several other states have also contacted MRC for information on our CSNA process to learn about our process as they seek to revamp their Needs Assessments.

## **Findings and Results from 2015 Needs Assessment Survey and Focus Group:**

### **Survey Methodology**

The 2015 Needs Assessment survey, a significant component of MRC's Needs Assessment process, was administered electronically using Survey Monkey, an online survey tool frequently used by MRC's Research, Development, and Performance Management Department (R&D). Survey Monkey is both accessible and user-friendly to participants and survey researchers. This marked the sixth year that the Needs Assessment survey has been successfully administered through this method. MRC R&D staff use SurveyMonkey.com to send a survey web link to consumers via email using R&D's dedicated survey email address. R&D staff closely monitor this address to monitor bounced emails, to respond to questions and concerns raised by survey participants, and to assist consumers with any difficulties they were having with the survey. All consumers were given the opportunity to complete the survey through alternative formats or method upon request.

The 2015 survey utilized a sampling frame that included all individuals in Service Statuses (12, 16, 18, 20, 22, and 24) as of September 1, 2015, consistent with the past four Needs Assessment surveys. Emails with a link to the survey were sent to all consumers in these statuses with an email address in the MRCIS case management system. This approach generated a total of 7,529 consumers with email addresses or 36% out of a total of 20,909 consumers in these statuses. The proportion of consumers in the sampling frame with email addresses increased for the fifth straight year, increasing 5% from 2014, where 31% of active consumers in these statuses had email addresses. MRC continues efforts to increase the proportion

of consumers with email addresses in the MRCIS case management system. The importance of recording and maintaining current consumer email addresses in MRCIS has been through staff trainings and mentioned at management meetings and new counselor training. In early 2015, MRC rolled out an enhancement to MRCIS to allow letters to be emailed directly to consumers. It is expected that this effort will lead to a further increase in email addresses in MRCIS and preliminary results confirm this.

It is important to note that some data entry issues were found with email addresses that made some email addresses not usable for administering the survey. Common data entry mistakes included typographical errors in the email address or that the email address field was used as an additional note field to record other pieces of data which belong elsewhere. The number of instances where non-relevant data was in the email address field continues to decrease each year from the level seen in previous years. Once again, it must also be noted that some consumer email addresses were of an inappropriate nature, which could be detrimental to a consumer's efforts to find employment. Finally, there were a number of addresses which were no longer active. In some instances, we were able to send emails to a new address based on automated return messages with the new email address listed. It is recommended that staff update consumer email addresses in the system regularly to facilitate improved communication with consumers.

Before the survey was sent out, Survey Monkey identified a total of 802 addresses which were invalid or had opted out from previous surveys sent out to those addresses. The proportion of addresses affected was comparable to 2014. Therefore, a total of 7,529 emails with survey links were sent to MRC consumers on September 10, 2015, with email reminders sent to non-responders after one, two and half, and four weeks, with the survey closing on October 16, 2015. The survey remained open for approximately five weeks. A total of 308 emails immediately bounced back as invalid or inactive email accounts and 192 consumers opted out of receiving surveys yielding a potential response group of 6,227 consumers.

A total of 1,655 consumers responded to the survey, for a response rate of 26.6%, an increase of 1.4% from 2014. The number of responses to the survey exceeded the amount required to make statistically significant conclusions at the 99% confidence level according to the Raosoft.com Sample Size Calculator by 1,010 responses. There was a margin of error of approximately 2.3%. The number of responding consumers increased by 330 or 25% from 2014, and the number of consumers who were offered the

opportunity to participate increased by 21% from 2014. This marked the sixth straight year of increases in both the number of consumers responding and the number given the opportunity to respond to the survey. The number of bounced back emails also decreased in number and proportion from 2014.

All Survey responses were downloaded from SurveyMonkey.com and matched with MRCIS demographic data based on the Client ID. Results were then analyzed using statistical software for fixed response questions. Open-ended questions were analyzed using a point analysis to rank common responses. All open ended responses were reviewed and any responses that were deemed to require additional individual follow-up were referred to the MRC Ombudsman's office for follow-up action.

### **Limitations**

Analysis was conducted to compare survey respondents to the overall population of consumers in the targeted statuses to examine any significant differences potentially existing between the overall survey sample and the general population of MRC consumers in the targeted statuses, in terms of demographic characteristics such as gender, race/ethnicity, age, primary disability, and other similar variables. (For a list of disability category groupings, see page 130.)

The analysis revealed that the consumer sample for the Needs Assessment contained some variations from the overall population in terms of gender, primary disability, primary source of support, education at application, race, and age. Most variations were similar to those found in past survey samples. This translated to a slight overrepresentation in the sample of female consumers, African-Americans, individuals with Sensory or Communicative disabilities, middle-aged consumers (particularly age 30 to 39), consumers whose primary source of support is personal income, and consumers with higher educational attainment. There was some underrepresentation of consumers under the age of 30, those with psychological disabilities, and consumers of Asian/Pacific Islander and White/Caucasian racial backgrounds.

While many of these variations were found to be statistically significant, the strength of the relationships were on the weak side, and are not enough to have an impact on the outcome of the survey. Several of the relationships were weaker than they were in previous years, such as for race, disability, education at application, primary source of support, and age. Since we began administering this survey via email, we

have seen many of these variations have been reducing each year as the number and proportion of emails continue to increase in the MRCIS system. This will likely continue to further reduce as emails increase in MRCIS. In addition, the number of total responses to the survey (1,655) was significantly more than the number (645) required to make statistically significant conclusions at a 99% percent interval according to the Raosoft.com sample size calculator. The margin of error was also quite low at 2.3%. Therefore, our conclusion is that the survey methodology was valid for 2015. We will continue to monitor this for future Needs Assessment surveys.

### **Demographics of Respondents**

Demographic data on survey respondents is extracted directly out of the MRCIS Case Management system and linked to the survey responses on Survey Monkey using a code number, the MRCIS Client ID. This process eliminates the need to have demographic questions contained within the survey itself, shortening the overall survey, and also ensures the inclusion of more accurate demographic information for comparison with the overall MRC consumer population.

Responses were received from consumers across the state. A total of 43% of respondents were from the South District, 31% from the North District, and 26% from the West District (Note: District affiliations are based on how the offices are coded in the MRCIS system). This is a uniform response which is fairly consistent with the overall consumer population in the targeted service statuses. There was a small increase in respondents from the South District from 2014 but many consumers from the Brookline office (traditionally one with a high response) were shifted to the Boston office in the South District in October 2014, likely a factor in the increase. A detailed list and chart of responses rates by Area Office can be found in the Appendix document.

Regarding Vocational Rehabilitation status, the majority of consumers responding to the survey were in job training and education status (65%) (Status 18), followed by job ready/job search (16%) (Status 20), and physical and mental restoration services (10%) (Status 16). There were no significant differences to these proportions compared to the general MRC consumer population in any of these statuses.

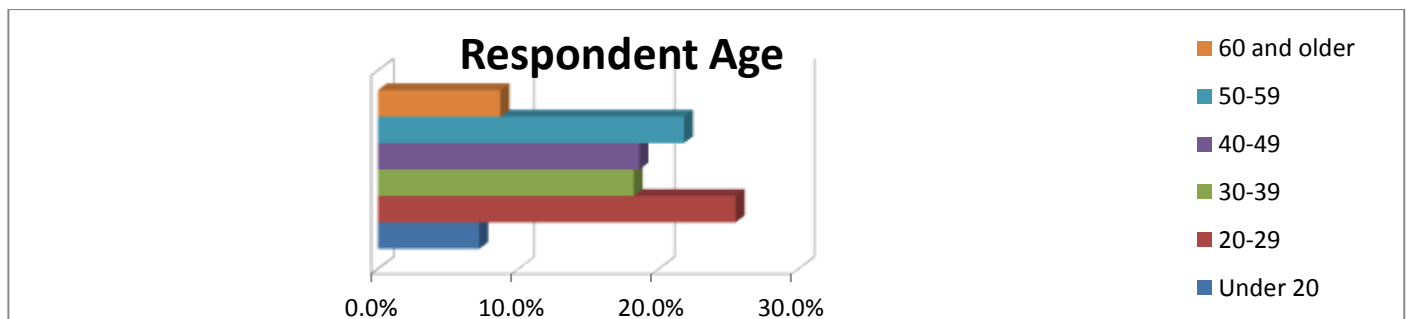


**Figure 2**

Current VR Status of Respondents		
Status	2015 Percent	#
Training/Education	65.0%	1078
Job Ready	15.6%	259
Restoration	9.7%	161
Job Placement	4.0%	67
Interrupted Service	2.4%	39
IPE Completed	3.3%	54

As with previous Needs Assessment surveys, respondents were distributed fairly equally by gender, with slightly more females responding to the survey (55%) compared to men (45%). The proportion of women responding versus men was steady compared to 2014. The number of females responding to the survey once again was slightly higher than their overall rate in the general MRC population. In terms of age, respondents were on average slightly older than the larger population of MRC consumers, and there was a slight underrepresentation of consumers under the age of 30. The average age of survey respondents was 39.5 years compared to 36 years for the general population. This is a consistent pattern seen in past Needs Assessment Surveys, however the gap has narrowed from previous years, likely a result of increased email addresses in the MRCIS system. The largest group of respondents was comprised of consumers between the ages of 20-29 (26%), followed by consumers aged 50-59, (22%), consumers aged 40-49 (19%), and those aged 30-39 (18%). Youth consumers (age 16-24) comprised 22% of all respondents, an increase of 2% from the 2014 survey, and 7% from the 2012 survey. This suggests progress is being made in terms of obtaining responses from younger consumers but efforts to increase responses from transition-aged consumers should continue to be a focus, especially with the increased emphasis in WIOA on serving youths and high school students with disabilities. These efforts will assist in obtaining additional information on the needs of high school students and youths with disabilities in Massachusetts, including the need for pre-employment transition services.

**Figure 3**



In terms of race/ethnicity, 79% of respondents identify themselves as being White/Caucasian, followed by African-Americans (19%), Hispanics (10%), and Asian/Pacific Islanders (3%). These proportions do not vary much from the overall MRC population, which is an improvement in this area. Nevertheless, MRC should translate the Needs Assessment Survey into Spanish and other languages to increase access consistent with MRC's Language Access Plan.

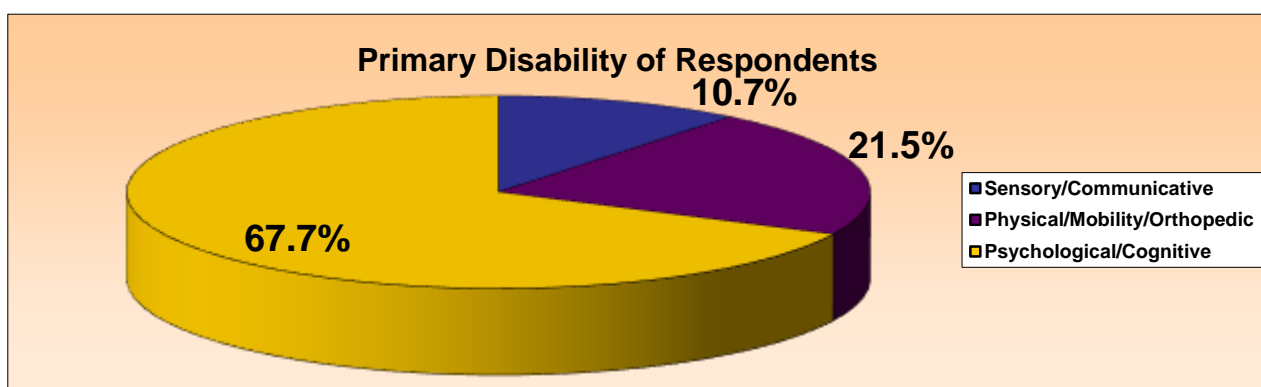
Figure 4

Race/Ethnicity of Respondents		
Race/Ethnicity	2015 Percent	#
Native American	0.6%	10
Asian/Pacific Islander	3.0%	50
Black	18.5%	307
Hispanic	9.5%	157
White	79.3%	1315

\* Multiple Response Category: Percentages do not equal 100%

In terms of primary disability, the largest proportion of survey respondents were consumers with psychiatric, cognitive, or learning disabilities, who comprised 68% of all respondents. This was followed by consumers with physical disabilities (22%), and by consumers with sensory or communicative impairments (11%). Consumers with sensory or communicative disabilities were slightly overrepresented among respondents and consumers with psychological disabilities were slightly underrepresented among respondents when compared with the overall consumer population. This variation between survey respondents and the MRC population continues to decrease as the proportion of consumers with psychological disabilities responding to the survey has increased by 10% since 2012. **Note these definitions of disability are based on the RSA Disability Impairment Codes (See Page 130 for list of codes and how they were rolled up into these categories)**

Figure 5



As found in past years, the vast majority (84%) of responding consumers had completed a high school level or greater level of education at the time of application for MRC VR services. Additionally, 20% of consumers had completed a bachelor's level college degree or higher as of the time of application. However, as found with previous surveys, respondents tended to have a higher level of education when compared to the overall population of consumers in the selected status groups. This variation decreased slightly from 2014. Also, open-ended responses indicated that a number of consumers are currently attending college or other higher educational programs through the MRC Vocational Rehabilitation program. A continued focus on collecting valid email addresses for consumers in the MRCIS system, as well as reminding staff to ensure that any consumer without an email address receive assistance in setting up an email account, will likely assist in further reducing the differences with MRC general population in terms of education level going forward.

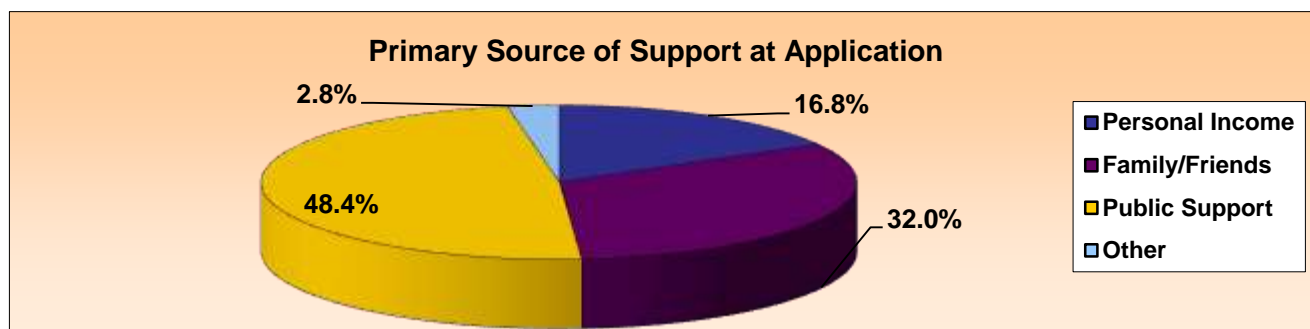
**Figure 6**

Education of Respondents at Application		
	2015 Percent	#
Less than HS	16.4%	272
HS Grad/HS Equivalent/Spec Ed Cert	24.5%	406
Some College, No Degree	23.5%	390
Associate's Degree/Certificate	15.9%	264
Bachelor's/ Post Graduate Degree	19.7%	326

Public benefits was the most common primary source of support among responding consumers at time of application for MRC services. Just over 48% of respondents rely primarily on public benefits, which is consistent with the level in the overall MRC population. This was followed by support from family and friends (32%) and personal income (17%). A slightly larger proportion of respondents rely on personal income when compared to the general MRC population, and a smaller proportion indicated their primary source of support is family and friends compared to the overall MRC consumer population.

The most common public benefit received by respondents was Social Security Disability Insurance (SSDI) (29%), followed by Supplemental Security Income (SSI) (17%). These figures are generally consistent with those in the general MRC consumer population. In addition, it is also important to remember that the consumer population targeted for the Needs Assessment has not completed their VR program and some of these individuals may move off of public benefits once they obtain employment.

**Figure 7**



In terms of health insurance, 98% of respondents reported they receive health insurance coverage (at time of application for VR), primarily through Mass Health (Medicaid) (59%), followed by other private insurance (23%), Medicare (22%), and employer-sponsored insurance (3%). The large number of consumers with other private insurance is likely related to the mandate in the Affordable Care Act (ACA) and the Commonwealth's health insurance mandate in place prior to the ACA. In addition, MRC has seen a decreasing trend in consumers with employer sponsored health insurance, both at time of application, and at time of closure over the past five years. MRC has learned through information on VR consumers tracked in the EHS Results Performance Management System that due to the implementation of the Affordable Care Act, it appears that some employers are passing on health insurance to their employees by having them purchase insurance through exchanges such as the Massachusetts Health Connector. This seems to be more pronounced amongst younger consumers. This trend has flattened out in the past year.

**Figure 8**

Health Insurance Type at Application		
Insurance	2015 Percent	#
Medicaid	58.7%	973
Private Insurance	23.2%	385
Medicare	22.4%	371
Employer Insurance	3.4%	56
No Insurance	2.2%	37
Other Public Insurance	0.2%	3
Worker's Compensation	0.8%	13

Consumers were referred to MRC for Vocational Rehabilitation services from a variety of different referral sources. (See Figure 9). 2015 marked the second year that referral source information is coming

from the MRCIS system rather than being asked in the survey. The most common referral source was self-referral (39%), followed by other sources (19%), elementary/secondary schools (14%), Community Rehabilitation Providers (8%), and Medical Health Providers (8%). These figures are reasonably consistent to the figures for the general MRC population.

**Figure 9**

MRC Referral Source		
Referral Source	2015	#
Self-Referral	38.5%	638
Other Sources	18.8%	311
Elementary/Secondary School	13.5%	224
Community Rehabilitation Provider/Program	8.1%	135
Public or Private Medical Health Provider	7.9%	131
College/University	2.8%	46
Career Center	2.7%	45
Public or Private Mental Health Provider	2.5%	41
Family/Friends	2.1%	35
Social Security Administration	1.3%	21
State Welfare Agency (DTA)	0.8%	14
Veterans Administration	0.4%	7
Other State Agencies	0.4%	7
Consumer Organizations/Advocacy Groups	0.2%	3

Consumers were also asked to specify how long they have been receiving VR services from the MRC. Nearly 88% of consumers report they have been receiving MRC services for 4 years or less, with 63% receiving services for 2 years or less. These figures make sense as the average length of time from application to closure is about 2.75 years for successful cases and 3.5 years for unsuccessful cases. The largest group of respondents indicated they have been receiving services for 1 to 2 years (32%), followed by less than a year (32%), and by 2-4 years (24%). Fewer consumers (12%) indicated they have been receiving services from MRC for over 5 years. Consistent with past findings, few variations exist among demographical categories based on consumers' response to this question with the exception of primary disability and age. Consumers with sensory impairments were more likely to indicate themselves as long term consumers of MRC services (over 5 years) compared to those with other disabilities. Also, not

surprisingly, younger consumers under age 30 and consumers of transition age were much more likely to be receiving services from MRC for shorter periods of time than older consumers.

**Figure 10**

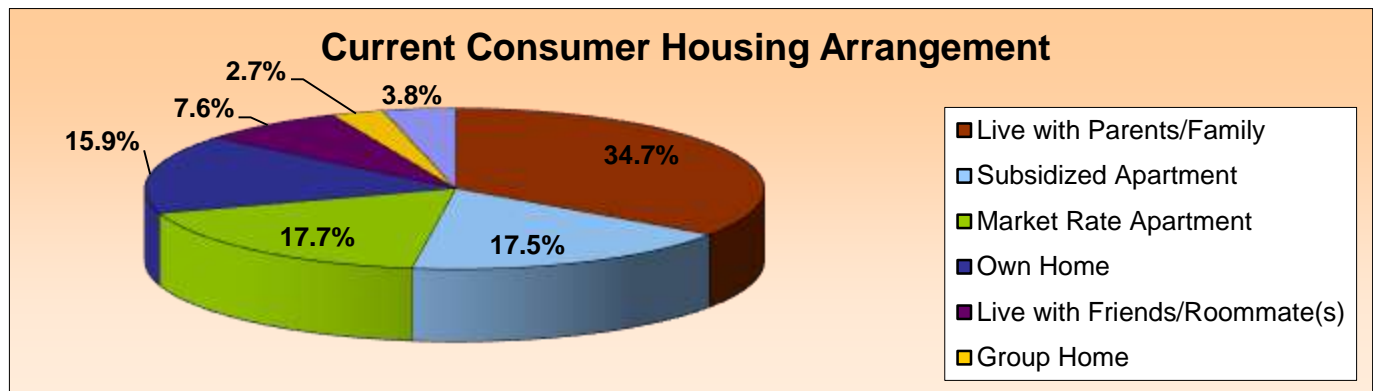
How long have you been receiving services from MRC?		
Answer Options	2015 #	%
Less than 1 year	31.8%	522
1 to 2 years	32.3%	530
2 to 4 years	23.8%	390
5 to 9 years	8.0%	132
10 years or more	4.1%	67

### **Consumer Housing Arrangements**

The Needs Assessment survey asks consumers to specify their current housing situation. As demonstrated in the section on Community Living service needs, finding affordable and accessible housing remains a very significant service need amongst individuals with disabilities and is a challenge which faces many MRC consumers due to the high cost of housing in Massachusetts. Two recent surveys of MRC staff regarding consumer housing and homelessness reinforced the fact that housing is a significant issue for many MRC consumers. Housing is a systemic issue which requires effort on the local, state, and federal level, and cannot be directly addressed by MRC as it is not a housing agency.

The most common current housing situation reported by consumers was living with their parents or family (35%), followed by living in a subsidized apartment (18%), renting an apartment at market rate (18%), owning their own home (16%), and living with friends or roommates (8%). These numbers are generally consistent with those found in the 2014 survey except for a slight decrease in the proportion of consumers indicating they live with roommates or friends and a slight increase in the proportion of consumers indicating they live with family or parents. These results continue to demonstrate that affordable housing is a major challenge to MRC's consumer population especially given the high cost of housing in Massachusetts

**Figure 11**



### **Consumer Preferred Method of Communication**

The Needs Assessment Survey added a question in 2014 to assist in determining MRC consumers' preferred methods of communication. Many consumers have indicated over the past several years in the Needs Assessment that they would like more electronic means of communication with MRC. Improving communication between consumers and MRC counselors has also been a consistent theme in general, both on the counselor and consumer ends. This question is intended to assist with this process by creating a starting point in gathering information on how MRC can learn how to best communicate with its consumers.

The most common preferred communication method listed by consumers was email (64%), followed by face-to-face communication (39%), via cellphone (29%), traditional mail (19%), home/work phone (15%), text message (12%), and by other methods (2%). Some common responses listed under "other" included communication via videophone, Skype, or that there is no preference. It must be noted that given the survey was conducted electronically and sent out by email that these preferences may differ from the MRC consumer population as a whole. Therefore, this question is slated to be included in a future enhancement to MRCIS to allow collecting of this data for all consumers. There were few changes in this area from 2014 except for that there was a notable increase in consumers preferring communication through text messages and cellphones. This feedback has also been heard from MRC counselors in terms of text messaging.

**Figure 12**

Preferred Method of Communication		
Contact Method	2015 Percent	#
Email	64.2%	1,060
Face to Face Communication	38.9%	643
Cellphone	29.0%	479
Mail	18.7%	308
Phone (Home/Work)	15.0%	248
Text Message	12.4%	204
Other	0.7%	12

### **Analysis of MRC Consumer Vocational Rehabilitation Service Needs**

A primary goal of the Needs Assessment survey is to assist in assessing the VR service needs of MRC Vocational Rehabilitation consumers, including the need for supported employment, as part of the overall MRC CSNA process. Consumers are asked to rate how important core VR services are to them on a rating scale (very important, somewhat important, not important, or not applicable) in terms of their needs to obtain competitive employment. As described before, question options this year were enhanced to include WIOA pre-employment transition services for high school students as well as breaking out services such as work-readiness/soft skills training to allow gathering of more specific data on VR service needs.

Responding consumers generally indicated that all core VR services are important to them and are needed services, consistent with previous findings. These results again suggest that the vast majority of MRC consumers require multiple vocational rehabilitation services in order to attain their vocational goals and to maintain or advance in employment.

In addition, the findings again indicate that a number of consumers appear to require supported employment services or ongoing employment supports. Open-ended comments throughout the survey support the finding that a number of consumers require or may require ongoing and extended supports upon obtaining employment.

The most important and needed services indicated by consumers were job placement (89%), career counseling (86%), supported employment services to assist in choosing, obtaining, and maintaining employment (81%), benefits planning (80%), work readiness and soft-skills training (74%), ongoing



supports to assist in maintaining employment (71%), Vocational training (71%), on-the-job training or job driven training with employers (70%), and college education (69%). Other important and needed services listed by many respondents included self-employment. Fewer consumer indicated that assistance transitioning from high school to work or college (39%), pre-employment transition services for high school students (34%), and obtaining a high school diploma or HiSET (23%) were important and needed services. This is not a surprising finding given that school-to-work transition and pre-employment transition services under WIOA target only high school and/or youth consumers and that the majority of survey respondents already possess a high school level education.

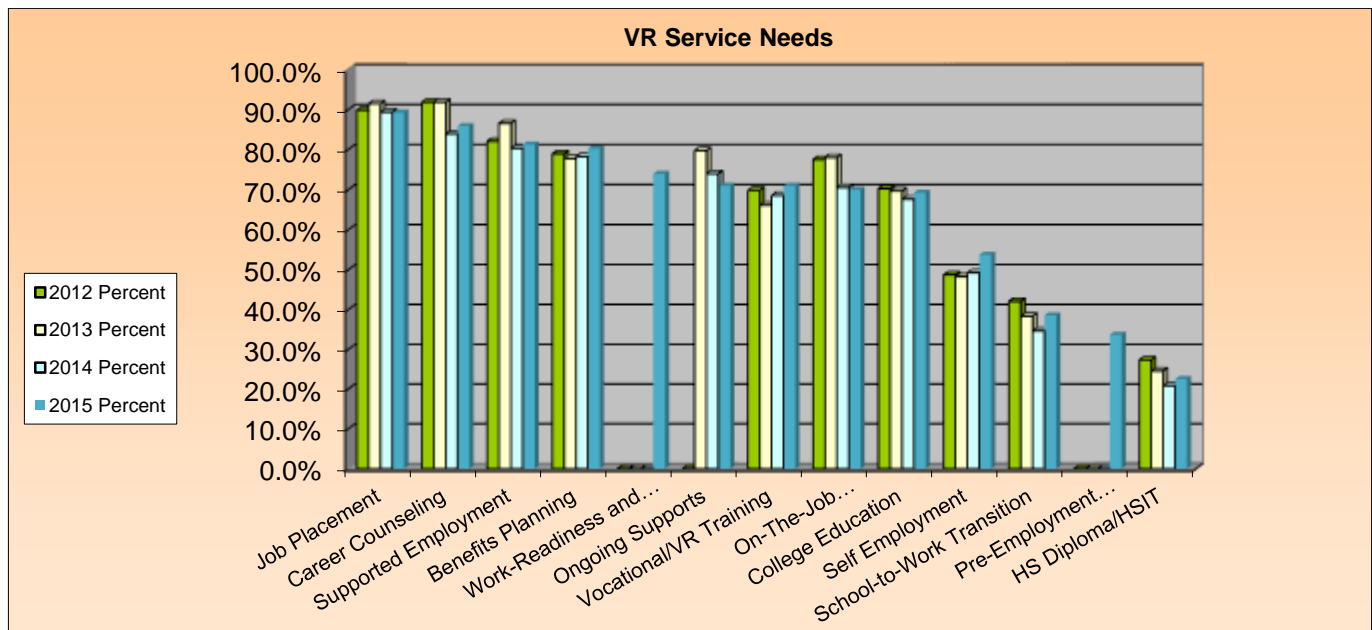
Among individuals with less than a high school education at application, 95% indicate that transition services to assist in transitioning from high school to college and employment is either somewhat or very important, 79% indicate that obtaining a GED or high school diploma is either somewhat or very important to them, and 87% find pre-employment transition services for students with disabilities as an important service need. These are increases from 2014. Results from this question and other areas of the survey demonstrate a need for pre-employment transition services among youth consumers of transition age and MRC is working to address this need through WIOA.

The findings on VR service needs are generally consistent with the data from previous years' reports. Over a four year period of data from the survey, as seen in the table below, there have been dips and valleys in the need for some services from year to year. There were several dips looking at a 4 year trend in the area of career counseling and on-the-job training but looking at year-to-year trends there was not much change from 2014. These may be outliers given the historical patterns in this area but should be watched as it may be an indication of changing needs among some consumers. There is also a 4 year trend in increased need for self-employment services and there were increases in the transition/high school services from 2014 (but down over a 4 year trend).

Figure 13

VR Service Needs					
Respondents Answering Very or Somewhat Important					
Need Area	2012 Percent	2013 Percent	2014 Percent	2015 Percent	4 Year Variance
Job Placement	89.9%	91.5%	89.4%	89.3%	-0.60%
Career Counseling	91.9%	91.9%	84.0%	85.9%	-6.00%
Supported Employment	82.1%	86.6%	80.4%	81.3%	-0.80%
Benefits Planning	79.0%	77.8%	78.3%	80.3%	1.30%
Work-Readiness and Soft Skills Training	NA	NA	NA	74.0%	NA
Ongoing Supports	NA	79.8%	74.0%	71.0%	NA
Vocational/VR Training	69.9%	66.2%	68.6%	71.0%	1.10%
On-The-Job Training/Employer Job Driven Training	77.6%	78.1%	70.6%	70.0%	-7.60%
College Education	70.3%	69.7%	67.7%	69.3%	-1.00%
Self-Employment	48.8%	48.3%	49.3%	53.8%	5.00%
School-to-Work Transition	42.1%	38.4%	34.7%	38.6%	-3.50%
Pre-Employment Transition Services for HS Students	NA	NA	NA	33.7%	NA
HS Diploma/HiSET	27.4%	24.6%	20.9%	22.6%	-4.80%

Figure 13a



Additional analysis was conducted to determine any significant variations in the results on the importance and need for these key VR services based on demographic categories such as region, age, gender, race/ethnicity, primary disability, educational attainment, and primary source of support. No significant

variations were found between the need for VR services based on region. Analysis of the results indicated some statistically significant variations in the level of importance and need for some VR services based on certain demographic categories, mainly race/ethnicity, age, level of education at time of application to MRC, gender, primary source of support, and primary disability (as coded in MRCIS).

Significant differences were found in terms of school-to-work transition services and the need to obtain a high school diploma or a college degree. Not surprisingly, younger consumers, defined as age 16 to 24, are much more likely to rate transition services, obtaining high school and/or college degrees as an important need. Also, not surprisingly, individuals with lower levels of educational attainment were much more likely to see obtaining a high school diploma and/or a college degree as an important need compared to consumers with higher levels of educational attainment. These findings were strong and are consistent with past results in Needs Assessment surveys. Also, African-Americans and Hispanic consumers were slightly more likely to find obtaining a high school diploma and transition from school to work as an important and needed service than other ethnic/racial groups, consistent with the previous year's findings.

In terms of the need for pre-employment transition services, younger consumers of transition age, individuals with less than a high school level of education, and Hispanic consumers demonstrated a higher level of need for these services compared to other consumers.

Notable variations also existed in the need for self-employment services in terms of race/ethnicity and primary source of support. As found previously, African-American consumers were again more likely to rate self-employment as an important service need compared to White consumers. Consumers who rely on public support (such as SSI, SSDI, TANF, etc.) were also slightly more likely to find self-employment as an important need.

There was also some notable variation in terms of the importance of on-the-job training, job-driven training, and other vocational training based on level of education and race/ethnicity. Consumers with a high school-level, some college education but no degree, or a less than high school level of education were much more likely to see all of these services as important. Additionally, consumers with an

associate's degree or certificate level of education as well as African-American consumers tended to rate vocational training services as being of high importance compared to other consumers.

Significant variations also were discovered in the importance of college education as a VR service need based on primary disability, and primary source of support. Consumers with psychological or cognitive disabilities were more likely to see assistance obtaining a college degree as a needed service compared to consumers with other disabilities. (See page 130 for a key of disability categories.) In addition, consumers whose primary source of support is personal income were slightly more likely to find college education as a very important service compared to other consumers.

For Benefits Planning services, notable variations were found in relation to race/ethnicity, and primary source of support. Non-White consumers, older consumers (over the age of 50), and individuals whose primary source of support is public benefits were slightly more likely to find benefits planning as an important and needed service compared to other consumers. Finally, White respondents were less likely to find work readiness training and soft-skills training as an important and needed service compared to respondents of other racial and ethnic backgrounds.

Analysis was conducted to investigate correlations between the need for different core vocational rehabilitation services. The findings once again demonstrate a high degree of correlation between the need for nearly all of the VR services listed, consistent with past results. This is not surprising as a large percentage of MRC consumers require multiple services and have both the interest in and the need for a range of educational and vocational services to meet their vocational goals based on their individual needs, preferences, choices, and abilities. In addition, this may be associated with the fact that a large majority of the consumers served by MRC have psychological or cognitive impairments as a primary disability. (See page 130 for a key of disability group categories.) Some of these consumers have very complex needs which require multiple services and supports, including supported employment and ongoing and extended supports.

Some of the strongest correlations were found between obtaining a high school diploma or HiSet to both pre-employment transition services and school-to-work transition services; between on-the-job training and job-driven training services to on-going supports to maintain employment, supported employment,

and work-readiness training/soft-skills training; ongoing support services to maintain employment to both pre-employment transition services and supported employment services; job placement to both supported employment and on-going support services; between career counseling and job placement services; career counseling to on-the-job training; job training and skills development to obtaining a high school diploma; job placement and on-the-job training services; work-readiness/soft skills training to career counseling, pre-employment transition services, and job training and skills development; and between obtaining a college degree and school-to-work transition services.

Overall, these findings demonstrate that there is continued significant need for multiple vocational rehabilitation services by MRC consumers across the board to assist them in reaching their vocational goals. In particular, individuals with psychological disabilities, those whose primary source of support is public benefits, and those from diverse ethnic and racial backgrounds appear to have stronger needs for multiple vocational rehabilitation services in some areas, particularly job coaching and on-the-job training, college education, and benefits planning. Additionally, these results demonstrate that youth consumers of transition age also require multiple vocational rehabilitation services, including pre-employment transition services.

### **Importance of Job Characteristics to Consumers**

In order to ensure that MRC best meets the needs of its consumers through finding good job matches, it is important to know what consumers are looking for in a job as these consumers are either in the process of searching for a job or will be searching for a job in the relatively near future. In the survey, respondents were asked to rank the importance of certain job characteristics to them. These characteristics ranged from hours worked per week to vacation time and job satisfaction, location of the job in terms of transportation, among others.

The overwhelming majority of consumers responding to the survey felt that all of the listed job characteristics were important. All listed characteristics were found to be important by over 80% of consumers responding to the survey, and there was little variation in the responses when compared to 2013 or looking at a four year trend. The most important characteristics in a job identified by consumers as very important or somewhat important were job satisfaction and personal interests (96%), a friendly job environment (95%), and earning a living wage (94%), followed by adequate hours worked per week

(94%), vacation and other leave benefits (90%), and promotional opportunities (88%). There were also strong correlations between the importance of each individual job characteristic to one another. Once again, these high rates of response indicate that obtaining adequate employment meeting their interests and needs is very important to most MRC VR consumers.

As noted before, there has been little change in consumer opinion on the importance of these characteristics across the last 4 Needs Assessment surveys. There has been a slight decrease in promotional opportunities, health insurance, and location/accessibility to transportation as important job characteristics over the past 4 years.

**Figure 14**

<b>Work Needs</b>					
<b>Respondents Answering Very or Somewhat Important</b>					
<b>Need Area</b>	<b>2012 Percent</b>	<b>2013 Percent</b>	<b>2014 Percent</b>	<b>2015 Percent</b>	<b>Variance</b>
Job Satisfaction/Interests	95.1%	95.8%	95.2%	95.8%	0.7%
Friendly Environment	95.1%	95.3%	95.4%	95.1%	0.0%
Living Wage	94.9%	94.6%	94.2%	93.9%	-1.0%
Adequate Hours	95.1%	93.7%	93.5%	93.9%	-1.2%
Vacation/Sick/Personal Time	89.8%	88.8%	88.6%	90.1%	0.3%
Promotion	91.0%	88.8%	87.9%	88.2%	-2.8%
Pension/Retirement Benefits	85.7%	84.1%	84.3%	85.9%	0.2%
Health Insurance	86.6%	85.0%	83.6%	84.9%	-1.7%
Location/Accessible to Transportation	84.3%	85.8%	83.1%	82.8%	-1.5%

The analysis of the findings revealed variations in terms of respondents' opinions on these job characteristics based on race/ethnicity, gender, and age. In all of these cases, it is important to note that despite statistically significant variations being found, the majority of all consumers in these demographic categories still saw these characteristics as somewhat or very important despite the variations. There were much fewer variations found in this area compared to past years.

As seen in previous years' findings, White respondents were much less likely to find health insurance benefits, promotional opportunities, pension/retirement benefits, earning an adequate wage, working an adequate number of hours, and accessibility to transportation as somewhat important job characteristics (versus very important) compared to respondents of other racial and ethnic backgrounds, most notably to African-Americans and Hispanics. The strength of this relationship is most notable in terms of pension and retirement benefits and health insurance benefits. Additionally, female consumers were more likely

to find earning a living wage and an adequate number of hours worked as important job characteristics compared to male respondents.

In respect to age, older consumers, especially those over 40 years of age, found retirement and pension benefits to be a very important job characteristic compared to younger consumers, especially those consumers in their 20s. Conversely, younger consumers, particularly those under 40 years of age, saw promotional opportunities as more important compared to older consumers.

### **Jobs/Occupational Areas of Interest to Consumers**

As part of the Needs Assessment survey, consumers were asked to identify specific occupational areas that interest them in terms of finding employment. The goal is to gather information to assist with job development and placement activities by MRC's employment and placement specialists, and to compare and complement data from the MRCIS Case Management System regarding jobs consumers are looking for in their individualized employment plans verses what jobs consumers are obtaining, as well as with what is available in the labor market (see Figure 15).

The most common occupational areas of interest identified through the survey were:

Community/Social/Human Services (38%), followed by Administrative (29%), Health Care (28%), Self-Employment (26%), Customer Service (24%), Computers/Information Technology (22%), and Arts/Entertainment (21%). These results are very consistent with those found in last year's survey and with the most recent annual analysis of consumer Individualized Plan for Employment (IPE) goals in the MRCIS Case Management System. All of these categories except for self-employment are amongst the Top 10 occupational goals by Standardized Occupational Code (SOC) categories in actively served consumers' IPEs in 2015, and Community and Social Services, Office/Administrative Support, and Health Care Support were amongst the top 4 categories in consumer IPEs in FY2015. The high level of interest in self-employment services may be related to the economy as more consumers may be interested in entering self-employment due to a more challenging and competitive job market. A number of open-ended responses in the survey as well as an increase in the amount of consumers finding self-employment services to be important demonstrates a strong interest among many consumers in self-employment services offered by MRC.

**Figure 15**

Consumer Occupational Areas of Interest as Indicated by Survey Response		
Occupational Area	% of Consumers Interested	# of Consumers Interested
Community/ Social/ Human Services	37.9%	575
Administrative	28.6%	435
Health Care	27.9%	424
Self-Employment	26.2%	398
Customer Service	24.4%	370
Computers/Information Technology	21.5%	326
Arts/Entertainment	21.4%	325
Education/Childcare	17.3%	263
Management	12.8%	195
Food Service	11.5%	175
Warehouse/Stock/Inventory	11.4%	173
Maintenance/Repair	11.1%	169
Retail	10.6%	161
Engineering/Science	10.2%	155
Financial	9.3%	141
Marketing/Sales	8.8%	133
Transportation	8.4%	127
Legal	7.4%	112
Manufacturing	7.3%	111
Other (please specify)	5.9%	89
Military/Law Enforcement/Safety	5.4%	82

\* Multiple Response Category: Percentages do not equal 100%

### **Effectiveness of MRC Services in Meeting Consumer VR Needs**

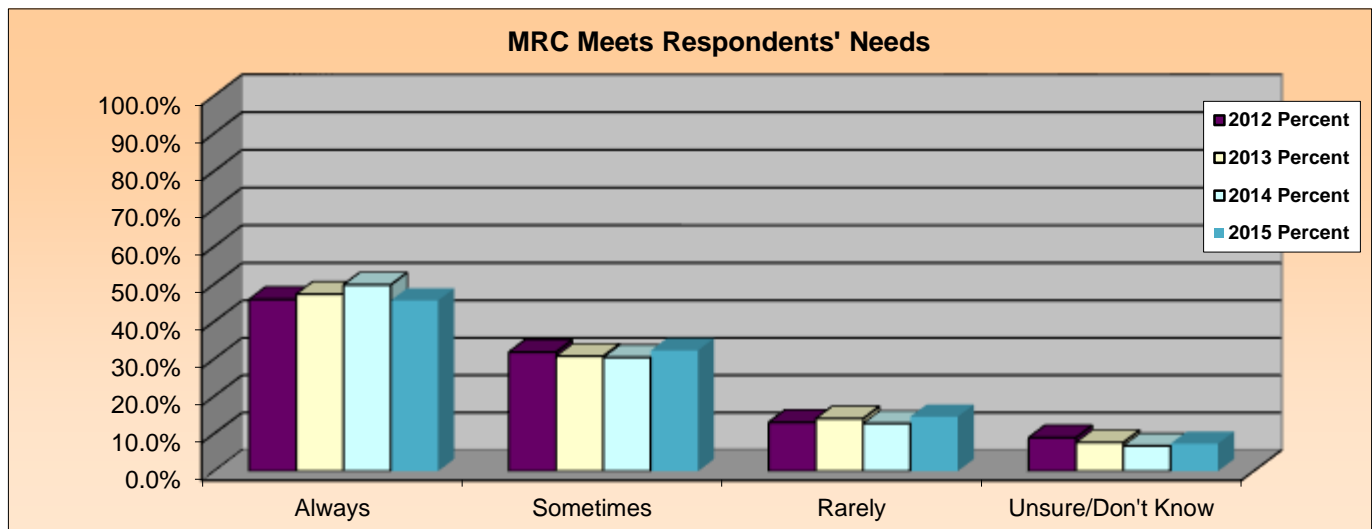
MRC consumers were asked to evaluate how effective MRC is in meeting their VR service needs as part of the survey. Consumers were asked to rate the MRC's effectiveness in meeting their vocational service needs on a four point scale of always, sometimes, rarely, or unsure/don't know. In total, 78% of consumers indicated MRC services are somewhat or very effective in their VR service needs, a decrease of 2% from 2014. Specifically, 46% of consumer respondents indicated the MRC always meets their needs, and 33% indicated the MRC sometimes meets their needs. The proportion of respondents indicating the MRC rarely meets their VR service needs (15%) increased by 2% from 2014.



Figure 16

MRC Meets Respondent's Needs					
Need Area	2012 Percent	2013 Percent	2014 Percent	2015 Percent	Variance
Always	46.0%	47.4%	49.9%	45.7%	-0.3%
Sometimes	31.9%	30.8%	30.5%	32.3%	0.4%
Rarely	13.1%	14.1%	12.8%	14.6%	1.5%
Unsure/Don't Know	9.0%	7.7%	6.8%	7.4%	-1.6%

Figure 16a



Additional analysis was conducted to examine any significant variations in consumer opinion on how MRC is meeting their VR needs based on demographic and other variables. Statistically significant differences were found between consumer responses based on identified service need, length of time receiving services, race/ethnicity and level of education. First, consumers indicating they have been receiving services from MRC for over 10 years, and those with bachelor's degrees or a higher level of education were slightly more likely to rate MRC as rarely meeting their vocational service needs compared to other consumers. African-Americans and Hispanic consumers tended to rate MRC as always meeting their needs versus sometimes meeting their needs when compared to White consumers.

Finally, consumers who see school-to-work transition services, pre-employment transition services, career counseling, on-the-job training/job driven training, soft skills/work readiness training, home modification, and/or college education as important and needed services are more likely to feel MRC is meeting their

VR service needs. The strength of the relationship is strongest for those who find college education to be an important need. These findings are consistent with 2014.

This question was followed by an open-ended question allowing people to explain their responses. As was the case in previous years, the majority of comments (65%) were of a positive nature, 26% can be characterized as neutral, and 10% could be considered negative or constructive comments. The proportion of neutral comments increased slightly and the proportion of negative comments declined slightly, and the proportion of positive comments remained steady compared to 2015. Consistent with what has been found in the Needs Assessment survey in the past, most comments can be characterized as being either process-oriented comments or outcome-oriented comments. Process-oriented comments generally revolved around the MRC VR process and how the consumer is treated by their counselor, MRC staff, and service providers, and about specific services. Outcome-oriented comments generally related to consumer goal achievements such as obtaining a job meeting their needs and/or interests or finishing college or a training program. Many consumers also indicated they did not have a job yet or are just starting the process, which is not unexpected as these cases are in open service statuses.

Overall there was a significant amount of positive feedback from consumers about their experiences with the MRC and their VR counselors. This has been a consistent finding in past Needs Assessments and in the Consumers Satisfaction Survey. However, the level of positive feedback in the 2015 survey in the comments was exceptionally notable. It is very clear that MRC makes a significant impact on many individuals' lives and this is embedded in many of the comments received. Many consumers expressed their appreciation and gratitude for the assistance the MRC and its staff have provided as they work towards achieving their employment goals. Numerous consumers indicated that their counselors, as well as MRC placement staff, have provided a tremendous benefit through providing assistance with going to school/college or job training programs; providing interview preparation assistance, mock interviews, and job search assistance; referrals to job-driven training programs such as the CVS Pharmacy Technician programs or to vendors; obtaining assistive devices such as hearing aids and vehicle modification; assistance with transportation; benefits planning services; and finding other services and supports, among others.

As with 2014, many consumers described how their counselor's counseling and guidance, overall positive attitude and dedication to their work have been highly beneficial in terms of staying motivated and on target to make progress toward their goals. Many consumers feel that MRC's counselors are extremely beneficial to them by just being someone to reach out to about their journey through the VR process, and that counselors provide the motivation to consumers to keep them positive and involved as they seek to meet their employment goals and overcome barriers in a difficult and complex job searching environment.

It was evident from the responses that many individuals served by MRC continue to experience significant challenges due to the economy, health issues, difficulties with obtaining and financing transportation, and with financing education, housing, and other expenses, among others. The cost of housing and education appears to be impacting many consumers. It is clear that many consumers may also benefit from referrals to services provided by other agencies and organizations that may assist them in addressing some of these challenges.

Again this year, a number of consumer comments suggest that some consumers experience difficulties getting in touch or communicating with their MRC VR counselor. Some consumers indicated their phone calls, emails, or other messages are not consistently answered or returned, or they have been waiting for long periods of time without contact/communication with their counselor. This theme was more pronounced in this year's survey compared to past years. Some consumers also indicated that the lack of communication was on their end, that they have not been proactive in reaching out or communicating to their counselor.

In addition, a number of comments referenced difficulties created by staff turnover amongst counselors due to retirements or position vacancies. One suggestion made is for MRC to develop a better process for communicating counselor changes to consumers and for working with consumers during vacancy periods. Some comments also referenced differences or inconsistency between services and processes between different MRC VR offices and between different counselors.

Due to the high amount of consumers currently actively served by MRC, these comments suggest the number of cases in a counselor's caseload may be creating difficulties for counselors in maintaining

contact with consumers and that the high level of staff retirements and attrition that has taken place over the past several years may be creating difficulties for some consumers.

Other issues raised by consumers included perceived delays in receiving services or finding jobs; difficulty finding placements that meet their interests and expectations, and jobs matching their abilities and skills; and perceived limited information on MRC services, procedures, and policies. Difficulties or issues with financial paperwork between MRC and schools and colleges was also mentioned by some consumers. In some cases, it appears there may be some level of misunderstanding between MRC and some of its consumers about what the agency can and cannot do to assist them in their efforts to secure employment opportunities. Additionally, some consumers may have a misunderstanding about the importance of their active contribution and involvement in the VR process to assist them in moving towards their goals. These misunderstandings and perceptions impact consumers' expectations of the MRC. These themes were also evident in responses to the 2015 Counselor Satisfaction Survey and in the focus group. The prevalence of these perceptions appear to be less pronounced from previous years, which is a positive sign.

Finally, some consumers commented that they found employment on their own or implied their cases had been closed, which is interesting given the sample for the survey was consumers in active statuses. Once again this year, several consumers also indicated they were not interested in finding work, but this was few and far between.

Examples of Consumer comments include:

- “My counselor has done a fabulous job of supporting me at any given opportunity. I do feel though, that a quarterly check on how everything is coming along would definitely help matters further.”
- “I have worked with a MRC representative who has helped me a great deal in finishing my degree. I am truly grateful for the help, support, and confident that this person has given me to be able to accomplished my education. I have found a full time employment with great benefits. MRC has help me in all the areas needed to accomplish my goals. Thank you!!”
- “I have been working with several counselors who are fantastic, was able to take a Manpower course, and am looking into utilizing job coaching.”
- “MRC provided me with hearing aids, a laptop computer (mouse, programs), and ECHO pen for taking notes. My counselor is excellent. He is patient, knowledgeable, and referred me to financial, employment, and benefits consultants.”
- “I enjoyed the summer program where I got a paid internship and learned about work and got work experience.”

- “Every time I need assistance, the MRC staff has assisted. When I was looking for employment, the Job Placement Specialist worked very hard assisting me with finding a job and also updating my resume.”
- “If it was not for MRC, I would not be where I am in my life today. Many thanks to MRC and I hope they continue to help others with disabilities as well. I am very appreciative and grateful that MRC has given me continued support toward my educational goals.”
- “I have always found staff to be caring, concerned, and motivated to assist in all my needs. I am very satisfied.”
- “My counselor has been extremely helpful in getting me in the right direction. She has followed up with me throughout the process. She is awesome! MRC is more than I ever expected. I had no direction and now I am on a path to a wonderful job. My counselor from Brockton MRC is so supportive!”
- “Mass Rehab provided support in order for me to complete a certification program internship which ultimately led to part time and then full time employment.”
- “MRC counselors have always been supportive of me and reaching my vocational goals as a self-employed professional artist.”
- “Mass Rehab has helped me with schooling and transportation purposes. It has taken longer than I would have liked. I hope continuing on, I will receive more face to face meetings to discuss my needs such as financial assistance and transportation services, even housing would be beneficial to me and the school I am attending.”
- “I appreciate that I have one counselor who knows me and my areas of interest and checks in with me periodically to see how I am doing. The offer has always been extended to contact her if I need additional help and support.”
- “Sometimes I work with my counselor on an issue, or bring up a concern, but I don't hear back for a very long time.”
- “Lately I have lost two counselors because they have moved on somewhere else. This recent time I got notice that mine was leaving but no notice on the new replacement till I walked in to inquire about starting school back. I have called my new one but didn't get a call back. She is very nice and understanding and helpful but not communicating with me.”
- “The budget MRC has per student is very small; private sector educational trainings and degrees cost much more than mass can afford to pay. MRC would be well served working with private institutions to get discounts or reserved slots for MRC clients.”
- “I'd wish for more engagement if possible. More phone calls and opportunities sent via email or mail.”
- “I was in contact with a case manager who was very helpful but for some unknown reason she stopped responding to my emails and I failed to follow up. I plan on setting up an appointment this week.”
- “Overall, I am very pleased with the services provided by MRC. My counselors were very helpful and supportive, and offered several options for me to take advantage of, if I needed them. I was able to successfully complete my educational goals and earn a certificate at the College I chose, and my counselor helped me as I researched and ultimately chose the college. She was quick to offer more options and services available once I completed the Certificate Program, and began my job search, which due to my circumstances did take a bit longer than I had hoped, but, I might still be searching for a job, if not for their help.”
- “I am unable to text message with my counselor. It would be helpful to be able to do that.”

The survey also asked consumers to explain, based on their experience, if and how the MRC is not meeting their needs. About 55% of the responses indicated that the question was not applicable or the MRC is meeting consumers' needs. The most common reasons cited by consumers as to how they feel the MRC is not meeting their needs are as follows:

1. Difficulty maintaining communication with their counselor.
2. Goals never reached or consumer has not obtained employment yet.
3. Need for additional follow through or difficulty accessing job search services.
4. Staff turnover and frequent changes/transfers to different counselors.
5. More information and guidance on available services and supports would be useful, including referrals to other agencies and supports.
6. Need for additional job leads or matching job leads.
7. Slow process in receiving services and delays with paperwork for services.

Overall, these responses were consistent with what was seen last year. It is important to remember these are actively served consumers, so most have not obtained sustained employment at the time the survey was administered. Other reasons cited by consumers on how the MRC is not meeting their needs seem very much related to economic difficulties or health issues which may have made it difficult for consumers to obtain and maintain employment. Once again, there also appears to be a misunderstanding with some consumers on what MRC can and cannot do for them and about their contribution to the VR process. Some consumers also mentioned that they are having difficulty reaching their goals due to their higher level of education and that MRC's system does not always match with their needs. Others expressed frustration in finding employment due to having a criminal record (CORI), communication issues with vendors, or expressed difficulties receiving some services in a timely fashion. Finally, a number of consumers suggested that MRC should offer more hands-on job placement and job search services.

Examples of consumer comments include:

- "I feel MRC needs to return calls back more often. At this moment I'm having trouble getting a hold of my worker. It has been 3 weeks, I have left several messages but I haven't received a call back."
- "More regular communication will be a confidence builder that it's possible to achieve employment."
- "Whenever I try to do a job search either with MRC or with another organization that I found through MRC, my job specialist always seems to be more interested in getting me just any job that fits my past work experience and/or only the very basics of what I'm looking for in future work experience."

- “I had thought that MRC would be more actively involved in helping me find a job. I had hoped that more tools would be made available for job hunting and a more hands-on approach would be utilized to help me achieve my goals.”
- “The case worker I was referred to was on a leave of absence. I waited several months before finding out about it. I then waited another month before hearing from the new case worker.”
- “I have a difficult time contacting my counselor sometimes. Things take too long to get done.”
- “I expected more involvement with developing a network and/or facilitating meetings between networked employers interested in hiring individuals with disabilities.”

### **Consumer Satisfaction with their Involvement in the Individualized Plan for Employment (IPE) Process:**

Consumers were asked to rate their satisfaction with their involvement in the development of their Individualized Plan for Employment (IPE) and to comment on their experience in this area. These questions allow closer examination and evaluation of this critical element of the VR process.

Overall, the majority of consumers (79%) are satisfied or very satisfied with their involvement in the development of their IPE. Half of all consumers (50%) indicated they were very satisfied, 29% somewhat satisfied, 11% somewhat dissatisfied, and 10% very dissatisfied with the development of their IPE. These results very similar to those from 2013 and 2014, with a small increase in consumers being somewhat dissatisfied and a small decrease in consumers being very dissatisfied with their involvement in the development of their IPE. The results show a very strong association between responding consumers who feel that MRC is always or sometimes meeting their VR needs and with consumers who are satisfied with their involvement in their IPE. Vice versa, consumers who were dissatisfied with their development of their IPE were much more likely to feel that MRC is not meeting their VR needs. There also were statistically significant variations between consumers based on length of time as a consumer, level of education, and individual service needs. Respondents with a bachelor’s degree or higher level of education and those consumers receiving services for over 10 years were less likely to be satisfied with the development of their IPE. Consumers seeing college education, job training, and soft skills/work readiness training as important tended to be more satisfied with the development of their IPE, while those who saw job placement as important were somewhat less satisfied with the development of their IPE.

**Figure 17**

How satisfied are you with your involvement in the development of your MRC Individualized Plan for Employment (IPE)?				
Answer Options	2015 Response Percent	Response Count	2014 Percent	2013 Percent
1 = Very Satisfied	49.6%	699	50.4%	49.6%
2 = Somewhat Satisfied	30.7%	433	28.9%	28.9%
3 = Somewhat Dissatisfied	10.9%	154	9.5%	11.0%
4 = Very Dissatisfied	8.7%	123	11.3%	9.5%

This question was followed by an open-ended question allowing people to explain their responses. The majority of responses were positive and many of the themes that emerged in the responses closely mirrored those in the previous question about how MRC is meeting consumers' vocational needs.

As with the question on how MRC is meeting consumers' VR service needs, a great deal of the comments contain very positive feedback from consumers about their experiences with the MRC and their VR counselors. Many consumers indicated they were very satisfied with their involvement in the development in their IPE and how their counselor has been responsive and open to their suggestions, interests, choices, and needs. Additionally, many also expressed the fact that their IPE development was a joint effort and was guided by their (consumer) input. As to what was seen in the other response areas, numerous consumers voiced their strong appreciation and gratitude for the assistance and services the MRC and its staff provide and how their IPEs are the outlined towards them achieving their goals. Some consumers also indicated that their plan is adjusted and amended by their counselor as needed to account for their changing needs. Many consumers were very pleased with their active involvement in the IPE planning process. These responses are consistent with those from last year.

On the other hand, some consumers voiced dissatisfaction, concerns, or confusion over their involvement in the development of their IPE. A number of consumers indicated they were not aware of their IPE or did not believe they had an IPE. In many of these instances, it appears that it could be a terminology issue where consumers may not be aware of the term Individualized Plan for Employment or are confusing the term for something else. All consumers were at least in Status 12, so an initial IPE is required to have been completed to get to that point in the VR process.



Some consumers also mentioned that they had not seen or were not very familiar with their IPE, and some asked if they could receive a copy of their plan. As seen in other questions, difficulty maintaining communication with counselors and staff turnover amongst counselors also came up in some responses to this question. Concerns some consumers raised over their involvement in their IPE development included perceptions by some consumers that their interests or choices were not completely considered by their counselor, that elements of the plan were not working, or that the plan was outdated and needed to be amended or changed.

Examples of consumer comments include:

- “The plan is great and am working towards its completion, despite the many hurdles that have to be overcome.”
- “I am happy with the goals [in my IPE] but feel I have not been given enough support to pursue them.”
- “I didn't know I had one and have never seen one.”
- “Developing the plan was very energizing. I felt real concern and attention from the counselor. The referral to additional guidance from the Boston Center for Independent Living has been very helpful to me in implementing my day-to-day progress in my home life.”
- “I am very satisfied with my IPE and feel that I will reach my goal by taking the steps needed in my job search. My counselor has been very helpful and knowledgeable during this process.”
- “I felt as if the work to creating an IPE was really collaborative with my counselor. Starting with a vague idea with what I wanted to do, we looked realistically at my background and current disability to figure out what career(s) might be possible, and how to get there. I felt listened to, and I was grateful to listen.”
- “I met with my vocational counselor and mapped out a course of action, towards accomplishing my educational and career goals.”
- “I need to change my plan, I've made a big change in my direction, and I'm having trouble getting in touch with my counselor.”
- “I forgot I even had one because it didn't come up in planning often enough from previous counselors.”
- “The process to develop my IPE was excellent; very efficient. My counselor was very well informed and professional!”
- “My plan is simple, straightforward (to me), and helps give direction for where I need to go. It gives me options and opportunities that I didn't know were out there.”

### **Community Living Service Needs**

Another important element of the Comprehensive Statewide Needs Assessment covered in the Needs survey is to evaluate consumer need for various Community Living (CL) services offered by MRC which include brain injury case management services, assistive technology, home care services, and vehicle modification, among others. A number of these services are funded through VR grant funds that are

provided to VR consumers as part of their IPE. The most frequent community living need reported by consumers was once again affordable, accessible housing (the Massachusetts Access Housing Registry), as 63% of consumers indicated this was a somewhat or very important need to them. Other important community living services identified as needed and important by consumers included accessible recreation (54%), the Consumer Involvement Program (45%), Home and Community Based Waiver Services 45% (Traumatic Brain Injury/Acquired Brain Injury/Money Follows the Person waivers), the Individual Consumer Consultant (ICC) program (43%), assistive technology (38%), home care services (36%), home modification (33%), and Supported Living (33%).

Compared to other areas of the Needs Assessment survey, there appears to be more variability both up and down in terms of the response percentages for particular Community Living services from year to year. However, the overall pattern of needs remains fairly consistent with those from previous years, with housing, recreation, home care, and assistive technology, and home modification consistently being reported among the top CL service needs by responding consumers (the ICC program, Supported Living, and Consumer Involvement programs were added to the survey for the first time in 2013 and the waiver programs in 2015). Changes over the past four years include a slight downward trend in the need for home modification services, an upward trend in the need for assistive technology, brain injury services and vehicle modification, while there has been more variability in other areas such as recreation and home care. Also, the proportion of consumers who identified affordable and accessible housing as important increased after 3 straight years after reaching a high point in the 2011 survey. Some of this is likely tied to the fact that starting in 2012 the survey language was modified to clarify that MRC's primary service in this area is the Massachusetts Accessible Housing Registry (MassAccess). MRC is not a housing agency, and housing is a systemic issue requiring action on multiple levels (local, state, and federal). Nevertheless, it remains evident from open-ended responses throughout the survey that housing continues to be a very significant issue for many consumers as they continue to struggle with the high costs of living in Massachusetts coupled with pressures from continued economic uncertainty.

**Figure 18**

Community Living Needs					
Respondents Answering Very or Somewhat Important					
Need Area	2012 Percent	2013 Percent	2014 Percent	2015 Percent	Variance
Affordable Housing (Mass Access Housing Registry)	67.8%	65.7%	58.6%	63.0%	-4.8%
Recreation	41.5%	33.0%	48.0%	53.5%	12.0%
Consumer Involvement Program	NA	29.2%	39.6%	44.9%	NA
Home and Community Based Waiver Services	NA	NA	NA	44.6%	NA
Individual Consumer Consultant (ICC) Program	NA	32.2%	38.7%	43.2%	NA
Assistive Technology	27.8%	20.8%	33.0%	37.7%	9.9%
Home Care Services	28.5%	26.5%	33.1%	36.1%	7.6%
Home Modification	37.4%	32.3%	32.3%	32.6%	-4.8%
Supported Living Services	NA	25.4%	30.5%	32.4%	NA
BISSCS	16.7%	15.0%	23.8%	28.3%	11.6%
Vehicle Modification	17.5%	14.8%	20.3%	24.0%	6.5%
Personal Care Attendant (PCA)	17.9%	15.8%	21.2%	23.6%	5.7%

There were some variations in community living needs among consumers based on some demographic categories. The most notable finding is that African-Americans and Hispanic consumers were more likely than men to see many of the listed Community Living services as important and needed services. This finding was true for all services except accessible recreation, vehicle modification, assistive technology and brain injury services. This is much more pronounced in this year's survey than past years, which only found this relationship for a couple of services.

Additionally, women consumers tended to rate some Community Living services as more important than men. Specifically, women were more likely to find Assistive Technology, home care services, personal care attendant and Supported Living services as important and needed services compared to male respondents. This finding has been found in the Needs Assessment survey in the past but it was less prevalent this year. There were also significant variations among consumers based on primary disability. Many of these variations have been consistent findings over the last several years. There was a significantly higher need for assistive technology among individuals with sensory and physical disabilities relative to those with psychological disabilities. Also, not surprisingly, individuals with physical disabilities also indicated a higher need for personal care attendant and vehicle modification services. Also, consumers who rely primarily on public benefits demonstrated a higher need for affordable housing. There were no significant variations found amongst consumer respondents by age, education, and region.

Similar to that found amongst Vocational Rehabilitation service needs, analysis of the findings suggests a high level of correlation amongst all of the Community Living services in terms of consumer need. This is extremely consistent with past findings in the Needs Assessment. Some of the strongest correlations were between the need for vehicle modification and personal care attendant services, supported living services with PCA services, home modification services and supported living services with vehicle modification services, brain injury services with vehicle modification, and home care services with PCA services. Very strong correlations were also found between assistive technology services and home modification, vehicle modification, personal care attendant, and brain injury services; the need for personal care attendant services and home modification and brain injury services; the need for home care services with supported living services, home modification services, and vehicle modification; the need for supported living services and assistive technology, and between Consumer Involvement and the Individual Consumer Consultant program, among others. These findings again this year demonstrate that many consumers served by the MRC VR program who need community living services, some of which are part of the VR program, often require multiple services and supports to assist them with their efforts to obtain competitive employment and maintain or live a more independent life.

### **MRC Community Living Service Effectiveness**

Consumers are asked to rate how effective MRC's services were in supporting their ability to maintain their independence in the community on a scale of very useful, somewhat useful, not at all useful, or not applicable. Overall, 66% of consumers indicated MRC's services were somewhat or extremely effective in assisting them to maintain their independence in the community, an increase of about 5% from 2015 results. Only 9% of consumers indicated the MRC's services were not useful toward meeting their community living needs, a decrease of about 1.5% from 2014. Finally, 25% of consumers indicated that the question was not applicable to their situation or they were unsure. This fact is not surprising as many VR consumers either may not be receiving and/or may not require community living services to achieve their goals. When factoring out those consumers who answered not applicable, 89% of consumers found MRC services to be somewhat or very effective towards maintaining their independence in the community and only 11% of the MRC consumers did not find MRC services to be effective in this area.

**Figure 19**

<b>MRC Services Assist With Maintaining Independence</b>					
<b>Answer Options</b>	<b>2015 Response Percent</b>	<b>Response Count</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
1 = Not At All Helpful	8.6%	119	10.2%	12.1%	12.5%
2 = Somewhat Helpful	28.5%	394	26.7%	28.4%	26.9%
3 = Extremely Helpful	37.9%	524	34.7%	26.3%	29.5%
4 = Not Applicable/Unsure/Don't Know	25.0%	345	28.3%	33.1%	31.1%

As with the question on VR needs, this question was followed by an open-ended question asking consumers to explain their response. Overall, 43% of the comments were of a positive nature, 49% could be characterized as neutral, and 9% could be considered negative or constructive comments. As with the responses on VR service effectiveness, many of the comments can be portrayed as being either process-oriented comments or outcome-oriented comments. The proportion of positive comments increased by about 3% from 2014 and there was also a slight decrease in negative/constructive comments.

Many of the comments reflect very highly upon the services the MRC and its staff deliver to assist consumers with living and working in the community. A number of consumers stated how they have made tremendous strides in their lives thanks to the services and supports they are receiving through the MRC and its partners. Many consumers also expressed praise regarding the assistance provided by the MRC in obtaining assistive technology, home modifications, and referrals to other resources to assist in improving their independence and finding employment. Many consumers also noted that while they currently do not need Community Living services, that these services are critical to those consumers who require them.

Similar to what was found in the responses to the question on VR services, it is evident that many consumers are facing difficulties related to obtaining housing and the effects of continued economic issues. In addition, numerous consumers noted financial difficulties in paying for housing, education, transportation, medical care and other expenses. Common themes raised by consumers included difficulty obtaining housing, employment, legal assistance, adequate health care, and transportation. Many consumers also noted ongoing struggles with health or family-related issues.

Consistent with the findings from other parts of the needs assessment, some consumers noted difficulty staying in contact with their MRC VR counselor, difficulties due to staff turnover amongst counselors, perceived delays in receiving services or finding jobs, and difficulty or communication issues between MRC and service provider agencies, among others. It also appears that a number of consumers may benefit from referral to other services and supports provided by other agencies and organizations.

Once again, it is apparent in the responses that a number of consumers are not aware of the Community Living services available through the MRC, some of which are funded by VR grant dollars and available to VR consumers who need them. A number of consumers indicated they were not told about or were not aware of some or all of the Community Living services potentially available to them.

Examples of consumer comments include:

- “I have little knowledge about services provided by MRC. I feel I need a full day orientation to what may be available to me.”
- “According to my counselor, MRC doesn't provide services that support my independence in the community”.
- “The services provided are great. I would love to see something online that tells a majority of services that MRC offers. Also, of course, most specifically, I have a learning disability - what new ideas have they come up with to help out with. Something with a blog.”
- “They provided the conversion of my van which gives me complete independence!”
- “Without their help I couldn't get a job and I need one to live day to day.”
- “Because of the training and employment, I'm able to maintain independence in the community.”
- After a disability knocks you over, after a time of grief and fear, you eventually need to dust yourself off and re-invent yourself. For me, MRC has been essential in doing that. I've been able to have a greater sense of realistic possibilities for employment, and ways to get there from here. My counselor has been a critical part of that, and I hope everyone has as good a one as I do. He's not only supported my career and educational goals, he's made me \*feel\* supported which is a very important thing.”

### **Consumer Awareness of Independent Living Centers (ILCs)**

The Needs Assessment Survey asks consumers if they are aware of the Independent Living Center (ILC) in their area to assist in assessing consumer knowledge of the ILCs. The ILCs are important partners to the MRC who can provide additional peer-driven supports to MRC consumers to assist them in their efforts to obtain employment and maintain independence in the community. In 2012, additional language was added into the question to reduce the possibility that consumers may only be aware of their local ILC by its particular name. Some of the names and acronyms of Massachusetts' 11 ILCs were included in the survey to reduce the possibility that the results could be skewed for this reason.

This year, 30% of respondents indicated they were aware of the ILC in their area. This is a decrease of 2% from 2014 and the second straight year of a decrease, but the level remains 4% above the 2011 survey. The results again demonstrate that a large portion of MRC consumers are not fully aware of the ILCs and how they can serve them. ILCs provide important peer counseling services to consumers and can assist with soft skill training supports, which can assist MRC's efforts to assist consumers in obtaining employment, amongst many other important supports and services. These services can also benefit high school students with disabilities as well. ILCs may also be able to assist some consumers with budgeting/financial skills and some legal services and/or advice.

Once again, a moderate association was found between consumer awareness of ILCs and the primary disability of consumers. Consumers with physical and sensory impairments were generally much more aware of their local ILC when compared to those individuals with psychological impairments. This is consistent with previous findings on this question. Only 28% of consumers with psychological impairments were aware of their local ILC compared to 34% of consumers with physical disabilities, and 40% of consumers with sensory impairments. There were some regional differences, as consumers in the West District were more likely to have a much higher level of awareness of the ILC. 39% of West District consumers responding to the survey were aware of their local ILCs, compared to 27% from the North District and 28% from the South District. These are consistent with past findings.

An association between consumers' awareness of the ILCs and whether they feel MRC is addressing their needs was also found. Consumers who indicated they were aware of their local ILC were slightly more likely to find MRC as meeting both their VR and independent living service needs. While the relationship was on the weak side, nevertheless it is an interesting finding. This finding was found in 2013 but not in 2014.

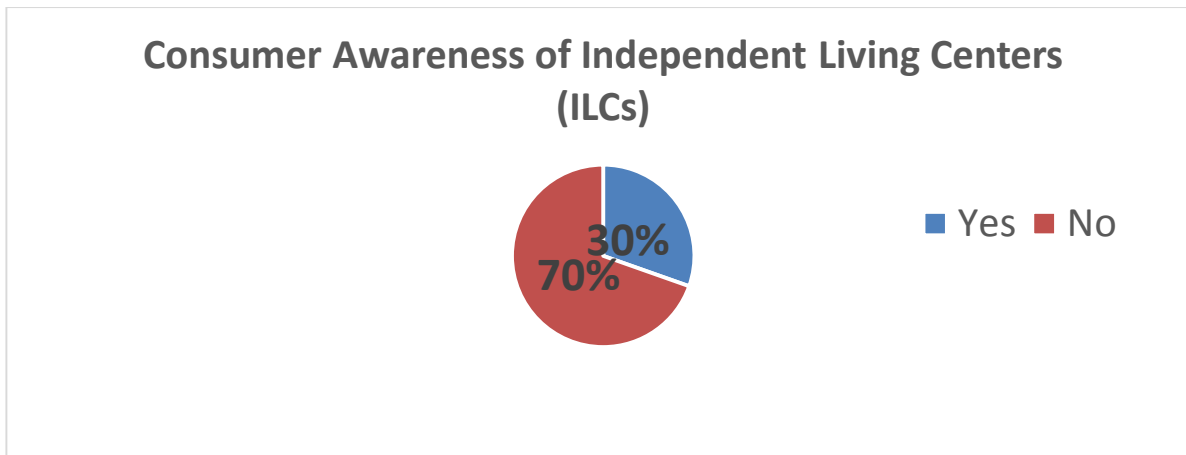
These findings suggest the MRC should continue to work to strengthen links between VR and the ILCs for all its consumers, especially for those with psychological disabilities and those in the North and South districts. ILCs remain important partners of the VR program, both for adults and for youth and students with disabilities. Collaborations such as the VR-IL contracts and the Transitional Internship Program are a good example of beneficial collaborations with the ILCs. Once again, these findings illustrate the

importance of the ILCs as important partners of the MRC to assist individuals with disabilities in meeting their needs, objectives, and goals to go to work and live independently, and the provision of pre-employment transition services to high school students with disabilities.

**Figure 20**

Are you aware of the Independent Living Center (ILC) in your area run by people with disabilities?			
Answer Options	2015 Response Percent	Response Count	2014 Percent
Yes	30.4%	415	31.6%
No	69.6%	948	68.4%

**Figure 20a**



### **Transportation Service Needs**

Through the CSNA, the Consumer Satisfaction Survey, and other methods, a number of MRC consumers consistently cite transportation as a primary, persistent barrier to consumers seeking employment. As with housing, transportation is another systemic issue that affects individuals with disabilities. The Needs Assessment Survey includes questions about transportation options currently used by consumers as well as questions on transportation services that consumers need. In 2015, the most common transportation options used reported by consumers were: using their own vehicle (51%), public transportation (43%), walking (31%), and family/friends (31%). The overall pattern of responses is similar to 2014 and those from other prior years. Many of the transportation options used by consumers have seen peaks and valleys over the past four years. There has been a slight increase in consumers reporting they use a bicycle, rely on family and friends, use the Transportation Access Pass (TAP program), and car pools



over the last four years while there has been a slight decrease in the number of consumers indicating they use their own vehicle for transportation. There was also a notable dip in the proportion of consumers reporting they rely on public transportation from 2014. 1% of respondents did not select a response from one of the categories provided.

**Figure 21**

<b>Transportation Options Currently Used*</b>					
<b>Need Area</b>	<b>2012 Percent</b>	<b>2013 Percent</b>	<b>2014 Percent</b>	<b>2015 Percent</b>	<b>4 Year Variance</b>
Own Car	57.4%	55.7%	49.3%	51.4%	-6.0%
Public Transit	46.3%	44.0%	47.7%	42.8%	-3.5%
Walk	28.6%	26.6%	29.6%	31.6%	3.0%
Family/Friends	24.9%	24.6%	25.8%	30.6%	5.7%
Bike	8.2%	9.3%	10.2%	8.4%	0.2%
TAP Pass	6.4%	8.0%	8.9%	8.9%	2.5%
Taxi	6.5%	6.1%	8.3%	7.9%	1.4%
Car Pool/Ride Sharing	4.3%	4.8%	8.3%	7.9%	3.6%
RIDE/Assisted Van	5.9%	6.3%	5.8%	6.4%	0.5%
None	2.2%	3.4%	4.1%	4.2%	2.0%
Other	2.2%	1.3%	1.7%	1.2%	-1.0%
Adaptive Van	1.9%	1.1%	1.5%	1.0%	-0.9%

*\* Multiple Response Category: Percentages do not equal 100%*

There are some significant differences in the utilization of transportation options based on consumers' age, primary disability, primary source of support, race/ethnicity, education level, and region. First, as found in previous years, a higher number of White consumers reported using their own vehicle for transportation compared to individuals of other ethnic and racial backgrounds. The same was also true for consumers whose primary source of support is personal income. Consumers whose primary source of support is public support were also much more likely to rely on family and friends and paratransit services for transportation. Racial and ethnic minorities were also more likely to indicate they use public transportation and the Transportation Access Pass (TAP), particularly African-Americans and Asian consumers.

Consumers in the North and South Districts were much more likely to utilize public transportation as well as the TAP pass program compared to those in the West District. This is not surprising since many areas

of the West District have fewer public transportation options compared to the South and North districts which include the Greater Boston area.

Also, a higher amount of individuals with psychological disabilities indicated they use public transportation (39%) when compared to individuals with physical (26%) and sensory disabilities (35%). The opposite was true in terms of consumers utilizing their own vehicles, as more consumers with sensory (52%) and physical (52%) impairments reported using their own car compared to those with psychological impairments (39%). Consumers with psychological disabilities also reported they rely on family and friends for transportation more often compared to other consumers. Not surprisingly, individuals with physical disabilities also indicated they use lift equipped or adaptive vehicles for transportation more than those with other types of disabilities. These results are consistent with 2014.

Finally, consumers with a less than high school level of education at application for MRC services were much less likely to use their own vehicle and more likely to rely on family and friends for transportation when compared to consumers with higher levels of educational attainment. This suggests that lower-educated consumers may be less likely to have a driver's license or to possess the financial resources to own a vehicle. The same finding was also found for younger consumers (under age 30) and for consumers of transition age.

When it comes to transportation services and options needed by consumers, the most needed services the Donated Vehicle Program (21%), public transportation (18%), driver's education and training (12%), the Transportation Access Pass program (10%), The Ride/Assisted Ride (9%), and information about transportation options (9%). About 50% of respondents indicated they did not have any transportation service needs. These results are consistent with the findings over the past several years. Looking at a four year trend of results on transportation service needs from the survey, as seen in the table above, there have been slight variations in service options from year to year. Overall, there has been a slight increase in consumers needing the Donated Vehicle Program, the TAP pass program, taxi service, public transit and slight up and down variations in other service needs such information on transportation options, travel training and driver's education. Also, not surprisingly, individuals with their own vehicle by far indicated they do not need additional assistance with transportation.

**Figure 22**

Transportation Options Needed*					
Need Area	2012 Percent	2013 Percent	2014 Percent	2015 Percent	4 Year Variance
None	49.3%	49.9%	50.1%	50.4%	1.1%
Donated Vehicle Program	16.6%	19.8%	17.9%	20.8%	4.2%
Public Transit	14.5%	16.3%	20.5%	18.2%	3.7%
Driver's Education	11.6%	13.1%	10.3%	12.1%	0.5%
TAP Pass	8.5%	7.5%	9.7%	9.8%	1.3%
The RIDE/Assisted Ride	6.6%	7.6%	6.7%	9.4%	2.8%
Information	8.5%	8.4%	7.2%	8.6%	0.1%
Taxi	2.5%	3.7%	4.8%	6.2%	3.7%
Car Pool	4.9%	4.0%	4.7%	5.6%	0.7%
Travel Training	2.4%	3.6%	2.7%	4.0%	1.6%
Adaptive Vehicle	2.4%	1.7%	2.2%	2.0%	-0.4%
Other	5.9%	4.3%	2.1%	2.0%	-3.9%

\* Multiple Response Category: Percentages do not equal 100

While it has become the 5<sup>th</sup> most common transportation service need rated by MRC consumers, the relatively low number of consumers indicating they need a TAP pass compared to the proportion of consumers indicating they need public transportation suggest that many consumers may not be aware of the program. It was once again noted in consumer focus groups that information on the TAP program can be difficult to find, while others reported confusion believing it is just an MBTA program, not a statewide program. A fact sheet or informational brochure to MRC counselors and consumers on the TAP program has been developed and placed on the MRC website for dissemination to staff, consumers, and the overall public. This fact sheet will be reviewed and updated as needed during 2016.

As evident from the results above, there is also continued high demand for the Donated Vehicle Program currently operated through a partnership with Good News Garage, once again taking back the spot as most listed transportation service needed by consumers after slipping to #2 in 2014. This program is expected to continue at least through the end of FFY2016 but a new RFR is being developed for services beyond September 2016. Among those consumers who indicated they needed one or more transportation service, 42% indicated they could benefit from assistance through the Donated Vehicle Program, an increase of 7% from 2014. There also appears to be a slightly higher demand for a donated vehicle

amongst consumers with psychological and physical disabilities, minority consumers and those who rely on public benefits.

Not surprisingly, younger consumers under age 30 were far more likely to indicate a need for driver's education. In addition, there were variations in the need for driver's education based on race/ethnicity and education. Consumers with a high school or less than a high school education and African-American consumers were more likely to see driver's education as a needed transportation service. Individuals with psychological disabilities and those whose primary source of support is family and friends also showed a higher need for driver's education services. All of these are consistent findings over the last several years.

Consumers of diverse ethnic and racial backgrounds also indicated a higher degree of need for public transportation. This has been a consistent finding over the past several years. The need for public transportation was highest amongst African-Americans (25%), Hispanics (18%), and Asians (11%) compared to 12% for White consumers. The same was also true for the need for the TAP pass, as White consumers were less likely to need a TAP pass compared to those from other ethnic and racial groups. Consumers with less than a high school level of education and those in the South District were more likely to see public transit as a transportation need.

Not surprisingly, consumers with physical disabilities demonstrated a greater need for an adaptive vehicle. Finally, White consumers and consumers with higher levels of educational attainment were more likely to have no transportation service needs.

### **Consumer Opinion on Transportation and Does it Pose a Barrier to Employment**

Consumers are asked specifically in the Needs Assessment survey if they see transportation as a barrier to obtaining employment. Overall, 34% of consumers responding to the survey indicated they believe transportation poses a barrier to them obtaining employment. This was a decrease in about 1.5 percent compared to 2014, however, the percentage is up 4.5% from the 2012 survey. Consumers were then asked to elaborate on their answer. As demonstrated in many other areas of the Needs Assessment, it is very evident from responses that transportation presents a significant challenge to many MRC consumers across the Commonwealth.

There were significant variations in consumer opinion on this question based on consumer opinion on whether MRC is meeting their needs, age, primary disability, race/ethnicity, primary source of support, and education level.

First of all, consumers that see transportation as a barrier to employment are somewhat less likely to feel that MRC is meeting all or some of their needs. In terms of disability, greater number of consumers with psychological/cognitive (38%), see transportation as a barrier to employment compared to consumers with sensory impairments (25%) and physical disabilities (27%). Individuals with a high school equivalent or less level of education at time of application for MRC VR services were also more likely to find transportation as a barrier to employment compared to consumers with higher levels of education, particularly those with a bachelor's degree or higher. Consumers who do not see transportation as a barrier to employment were also slightly more likely to feel that MRC always meets their vocational service needs and less likely to feel that MRC services rarely meets their needs. Finally, a slightly higher level of minority consumers, youth consumers of transition age, consumers under age 30, and those who rely on family and friends as their primary source of support tended to find transportation as a barrier compared to non-minorities.

Open-ended responses demonstrate a variety of different reasons as to how consumers see transportation as a barrier to employment. The most common reason specified by consumers was once again the inability to access employment opportunities in areas with limited or no public transportation access. Other common reasons listed by consumers include the cost of transportation, including the price of gasoline, the costs to maintain, register, and insure a vehicle, and recent increases in public transportation and paratransit fares; the reliability and time needed to travel via public transit or paratransit; the distance required to travel to access available jobs; the consumer lacks a driver's license or needs driver's education; the fact the consumer does not own or have access to a vehicle; health conditions and/or the nature of the consumer's disability; and the fact many available jobs require a car or a driver's license. The pattern and frequency of these responses is similar to 2014, with an increase in the frequency of consumers indicating they cannot access jobs in areas with limited public transportation options and those indicating the distance required to travel to available jobs is a barrier as the most notable changes. A table of common responses and their frequencies are listed below in Figure 24.

Figure 23

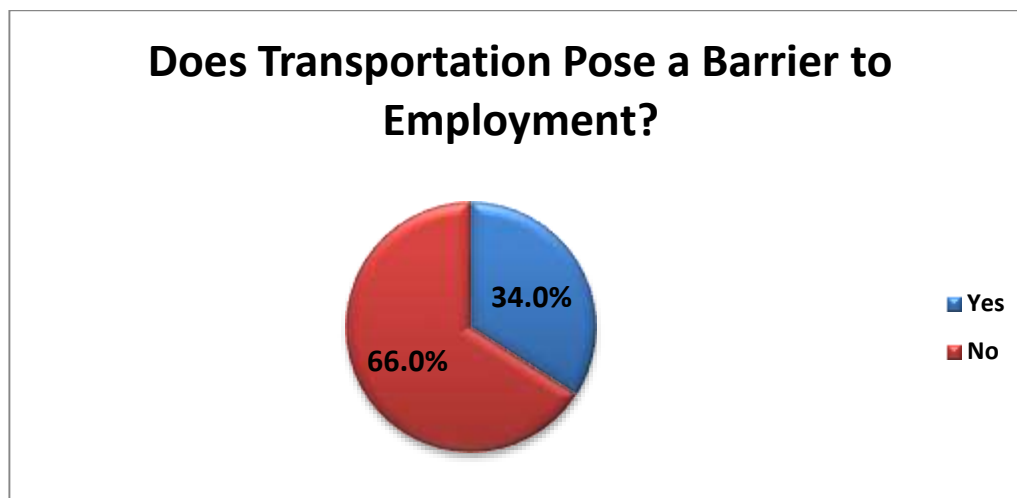


Figure 24

Open Ended Responses: Reasons Why Transportation Is A Barrier to Employment	
Reason	# of Responses
No Access to Jobs in Areas Without Transportation	62
Cost of Transportation/Cost of Maintaining a Vehicle	43
Reliability/Time to Travel on Public Transit/The RIDE	43
Distance to Jobs/Location	40
Not A Barrier	37
Need Driver's Education/Need Driver's License	31
Need a Car	30
Health Conditions/Nature of Disability	26
Available Jobs Require a Car	25
Must Rely on Others for Transportation	21
Sometimes/Potentially a Barrier	18
Other	18
Fear of Driving/Using Public Transit	8
Lost License Because of Violation/Offense	4
Only Can Telecommute	4
MRC Addressed Transportation Needs	3
Need Travel Training	3
No Parking Available	2

### **Consumer Needs for Additional Services and Open-Ended Responses**

The final section of the Needs Assessment survey instrument is focused on consumer needs for additional services, and includes four additional open-ended questions about service needs. The first question asks consumers whether they require any additional services or supports not addressed in the survey. 18% of respondents indicated they need additional services and supports not addressed in previous questions,

down 0.3% from 2014; 36% felt they did not require other services, and 46% were unsure or didn't know whether they needed other services. This year's results were fairly consistent with the findings from the past few years' surveys. Notable trends include a four year trend of a slight decrease in consumers who indicate they require other services, and a small increase in consumers over the same period of time who indicated, they do not need additional services.

**Figure 25**

<b>Does Consumer Need Other Services?</b>					
	<b>2012 Percent</b>	<b>2013 Percent</b>	<b>2014 Percent</b>	<b>2015 Percent</b>	<b>4 Year Variance</b>
Yes	19.8%	18.4%	18.1%	17.8%	-2.0%
No	33.8%	33.9%	37.1%	36.4%	2.6%
Unsure/Don't Know	46.4%	47.6%	44.8%	45.9%	-0.5%

There were significant variations in consumer opinion on this question based on answers to other survey questions. No significant variations were found this year in terms of demographic categories except for level of education. Individuals with a bachelor's degree or higher were more likely to indicate they have additional service needs.

A relationship was again found between the need for additional services and consumer opinion on how MRC is meeting their needs. Those consumers who were most satisfied with the development of their IPE as well as those consumers who indicated that MRC is sometimes or always meeting their VR needs were much less likely to respond that they require additional services. The opposite is true for consumers less satisfied with their IPE development and those who feel MRC is rarely meeting their VR needs, as they were more likely to indicate they need additional services. Once again, those consumers indicating that transportation is a barrier to employment were much more likely to feel they require additional services. On the other hand, those consumers who do not need any additional transportation services were much less likely to indicate they need additional services.

This question was followed by an open-ended question asking consumers to list these needed services not addressed in the survey. The distribution of responses to this question is listed below in Figure 26. Once again, affordable and accessible housing was again the most commonly listed additional service need, followed by job search assistance and networking, financial assistance, and job placement services. Other

frequent service needs listed by consumers included information on available services, MRC counseling and guidance, job training/education, transportation, other supportive services from other agencies, mental health counseling, and assistive technology. The order of responses varied slightly from 2014, but the frequencies of responses are generally comparable, however there was a notable increase in the frequency of job search assistance and networking and mental health counseling.

**Figure 26**

Open Ended Responses: Other Services Needed	
Need	# of Responses
Affordable, Accessible Housing	38
Job Search Assistance/Networking	28
Financial Assistance	18
Job Placement Services	18
Information About Available Services	16
MRC Counseling & Guidance	13
Job Training/Education	12
Transportation	12
Other Supportive Services (DMH, DDS, etc.)	10
Mental Health Counseling	10
Assistive Technology	9
Donated Vehicle Program	6
Budgeting Assistance/Classes	6
Social/Recreation Opportunities	5
Improved MRC Employer Partnerships	5
Self-Employment/Assistance Starting a Business	4
Health Insurance/Information about Health Care	4
CORI Support	4
Home Care Services	4
Support Groups	4
Home Accessibility Modifications	4
Child Care	4
Computer Skills Training	4
Counseling in Post-Secondary Education	4
Job Coaching	3
Benefits Planning	3
Communication with MRC	3
Services from Independent Living Centers	2
Ongoing Support Services	2
Soft Skills Training	2
Coordination with Other Agencies	1
LD/ADHD Services	1
Coordination with College Disability Office	1
Family Counseling	1
TAP Pass	1



Service Dog	1
ASL Classes	1
Consumer Advocates	1
LGBT Support	1

The second open-ended question asks consumers to list the most important service they are currently receiving. Education/job training was the most frequent response this year, up from #2 in 2014, followed by assistance with college tuition and other related expenses and job placement and job search services. All 3 of these responses have been consistently ranked among the most important services being received by consumers over the past 5 years. Other frequent responses included MRC counseling and guidance, assistive technology, financial assistance, job readiness training, supplies for school and work, and transportation.

Once again, there were a number of consumers listing “not receiving services” as a response. Once again, this was one of the top 5 responses, ranking 5<sup>th</sup> the same as last year, but down from other past years. The frequency of this response increased slightly from 2014 after 2 years of declining. The continued prevalence of this response is notable because the sample is drawn from consumers in active service statuses. Given the sample includes consumers in Status 12 (completed service plan), there may be consumer respondents who have not received any paid services to date. However, these consumers received counseling and guidance services (a core VR service) from their counselor in order to create their Individualized Plan for Employment. This may also be a result of misunderstanding of what consumers perceive as receiving services. This may also reflect the concept that active consumers are in various stages of their IPEs and likely not all services have either been delivered and/or completed at the time of the survey, and that particular services may be delivered intermittently (i.e tuition support) while others are ongoing. Nevertheless, this should still be monitored closely. The frequency of responses is listed below in Figure 27.

**Figure 27**

Open Ended Responses: Most Important Service Receiving	
Most Important Service Received	# of Responses
Education/Job Training	166
Tuition Assistance/Waiver	150
Job Search/Placement	146
MRC Counseling & Guidance	122
Not Receiving Services	71

Did Not Specify	52
Assistive Technology	49
Financial Assistance/Support	33
Job Readiness Training	33
School/Work Supplies	27
Transportation Services	23
Affordable, Accessible Housing	14
Case Management/Services from Other Agencies and Providers	13
Job Coaching	13
Adaptive Vehicle/Vehicle Modification	9
Vocational Assessment	8
Assistance Starting a Business/Self-Employment	7
Benefits Planning	7
Ongoing Employment Support Services	7
Driver Education	5
Independent Living Services	4
Information on Services	4
On-The-Job Training	4
Tutoring	4
Job Driven Training Programs (CVS, etc.)	3
Internship Experience	3
Job Club	3
Manpower TDC	3
Referral to Other Services	3
CORI Assistance	2
Donated Vehicle Program	2
Transition from High School to School and Work	2
ASL Specialty Counselor	1
Home Care Services	1
LD/ADHD Support Group	1
Individual Consumer Consultant Program	1
Physical Restoration	1
Speech Therapy	1

The third question asks consumers to list the single most important service that they do not currently receive (See Figure 28). Consistent with previous needs assessments, many of the top frequently cited responses revolved around job placement, education/job training, affordable/accessible housing, career counseling, guidance and job search support, and job training and education. It must be noted that nearly two-thirds of respondents to the survey were in job training and education status at the time of the survey. Therefore, this level of response is likely a function of consumers moving toward completion of their training and education programs who are looking ahead to placement into employment opportunities. In addition, this may be an indication of the difficulty in finding employment for those coming out of training due to an inconsistent job market.

However, the large number of consumers served by MRC coupled with high demand for job placement and contracted employment services is also a likely factor. The need and importance of job placement and job search services to MRC consumers is strongly evident throughout the whole survey. Other highly cited responses included affordable and accessible housing, VR counseling and guidance, transportation, financial assistance and public support, and tuition support. This is generally consistent with last year's findings. A slight increase was seen in consumers listing vocational counseling and guidance, the Donated Vehicle Program, and financial assistance as unmet needs.

It is interesting that many core VR services were again highly cited as important service needs which are not being provided given the sample for the Needs Assessment consists of consumers in active service statuses. One reason may be that consumers have not reached the point in their service plan where they are receiving these services. It also could be that some consumers' IPEs may need to be modified to add in additional services they need which may not be in the original or current IPE. Staff should be reminded when conducting an annual review of each case as required to determine if the IPE should be modified to add additional services based on the consumers' needs. An additional question or modification to a question in the survey to ask about updating of consumers IPE may be beneficial in collecting more information in this area. This finding may also be related to limitations caused by annualized budget and staffing resources. MRC is also impacted by the federal funding formula for VR resources which penalizes Massachusetts as it is a slow growing state with a high cost of living. Consistent with results from other questions in the survey, there were also consumer comments about difficulty maintaining contact with their MRC counselor.

**Figure 28**

<b>Open Ended Responses: Most Important Service Not Receiving</b>	
<b>Need</b>	<b># of Responses</b>
Job Placement Services	74
Education/Job Training	63
Affordable/Accessible Housing	55
Career Counseling/Job Search Assistance	49
MRC Counseling and Guidance	33
Transportation	32
Financial Assistance/Public Support	31
Donated Vehicle Program	27

Tuition Assistance/Waiver	22
Services from Other Agencies	21
Information on Services	19
Driver's Education	14
Other	13
Job Readiness Training/Soft Skills	12
Benefits Planning	11
School/Work Supplies	11
Assistive Technology	10
Meeting with Counselor	9
Mental Health Counseling	8
Transportation Access Pass	8
Independent Living Services	7
Self-Employment Assistance	7
Home Care Services	6
Job Coaching	6
On-The-Job Training/Job Driven Training Programs	6
Adaptive Vehicle	4
Health Care	4
Internships/Work Based Learning Experiences	4
Legal/CORI Assistance	4
Ongoing Support Services	4
Vocational Assessment	4
Budgeting Assistance/Financial Planning	4
Employer Networking	4
Child Care	3
Support Groups	2
Social/Recreational/Networking Opportunities	2
Tutoring Services	2
Travel Training	2
ASL Interpreter	1
Web-Based Training	1
Brain Injury Services	1

Finally, the survey included a question asking consumers to list any additional feedback or suggestions to the MRC they might have. As with the other open-ended questions, there were many positive comments about how the MRC and its staff have assisted consumers in their efforts to seek employment and to live in the community. Many of the responses to this question illustrate themes revealed elsewhere in the survey, including the gratitude many consumers have for MRC and its staff, the effects of the economy, that some consumers may have difficulty getting in touch with their counselors, and that transportation poses a barrier to some consumers.

Common suggestions listed by respondents included the following:

1. Efforts to improve communication between counselors and consumers.

2. Text messaging between counselors and consumers
3. Providing MRC offices with information on other agencies and resources which can assist individuals with disabilities including information on transportation and housing resources.
4. Continued enhancement of MRC's employer partnerships, continued utilization of hiring fairs and other employment events to connect consumers with employers and employment opportunities.
5. More consistent information on services offered, such as a catalog of services and updated information on the MRC website
6. Phone call and email reminders in addition to letters for appointments with MRC
7. Increased MRC presence at community colleges, state universities, and UMass.
8. Assistance with budgeting and financial planning, including workshops.
9. Increased information for consumers on available job leads and job leads that better match consumer skills, abilities, and interests.
10. Improved assistance with issues related to seeking employment with a CORI history.
11. Improved communication with affected consumers during the process of filling counselor positions due to vacancies and retirements.
12. More information and explanations about the financial need formula/requirements.
13. Improve supports to clients with higher levels of education.
14. Utilization of electronic forms of communication such as email, social media, and Skype.
15. Increase availability of computer and technology skills trainings or web-based trainings and assessments.
16. More ongoing support services to assist consumers after they obtain a job.
17. More pre-employment and career exploration options, including pre-employment transition services for high school students with disabilities.
18. Internships for College Students in addition to High School students.

### **Findings from Focus Group**

In 2015, MRC held its third annual VR Needs Assessment Focus Group at the Annual Consumer Conference in collaboration with the SRC Comprehensive Statewide Needs Assessment Committee. Once again, MRC and the Needs Assessment Committee worked together to develop the logistical plan for the focus group and to review and revise the guiding questions to be used in the session. The detailed logistical plan outlined the focus group guiding questions, the format and structure of the session, materials to be distributed, the exhibition table, recruitment, and accommodations for consumers such as CART reporting, ASL interpreters, and other important logistics.

The focus group was held at the 2015 Annual Consumer Conference on June 18, 2015 at the Four Points Sheraton Hotel in Norwood, MA. Once again, the focus group was intended to complement the annual vocational rehabilitation needs assessment survey by providing an additional source for gathering consumer opinions on their needs as well as to make use of the opportunity to engage with a large number of MRC consumers. The focus group was conducted by staff of the MRC Research, Development, and Performance Management Department (R&D).

Compared to the past two years, in 2015 the Focus Group was officially on the agenda and program for the Consumer Conference as a choice-optional workshop which assisted with recruitment as it allowed attendees to pre-register for the focus group as one of their breakout workshop selections. Over 50 consumers pre-registered for the focus group but as expected, there was some attrition due to registration changes or consumers choosing to attend one of the several other conference sessions occurring concurrently with the focus group. While the past three years have confirmed that the focus group can be executed in varying circumstances using basic preparation and strategies, this year's results demonstrate that inclusion of the focus group on the formal agenda with pre-registration with the conference registration is the preferable strategy.

Recruitment for the focus group was conducted in several different methods. Consumers were invited to participate in the focus group through an electronic announcement sent to all MRC consumers prior to the conference by MRC Consumer Involvement staff. MRC VR counseling staff were also notified of the focus group so they could inform their consumers. Consumers were able to pre-register for the focus group as part of their registration for the conference as one of their choices for the afternoon breakout session period.

The R&D team also staffed a centrally located dedicated exhibitor's table with the goal of engaging consumers, to discuss and answer questions on the focus group, and distribute information on MRC facts and services, including the findings of the 2014 Needs Assessment. As with previous years, questions were made available ahead of time at the exhibitor table and were passed out at the start of the focus group to give consumers an idea of what would be discussed. Questions were based on those contained in the Needs Assessment Survey but have been broadened and simplified to account for the focus group

format. A list of common acronyms plus a 1 page summary of key findings from the 2014 Needs Assessment was also distributed to focus group participants.

The room was setup in an auditorium style setup including a projection screen, easel with flip chart paper and magic markers, and wireless microphones. A brief PowerPoint presentation outlining the intent and ground rules of the focus group as well as a review of actions taken from the previous year's Needs Assessment Report was reviewed at the start of the focus group.

The focus group started on time at 2:45pm with an introduction by Joshua Boardman from the MRC Consumer Involvement Department and a brief welcome from Richard Colantonio, Chair of the Needs Assessment Committee. The focus group lasted approximately two hours, and ended at approximately 4:50pm. A total of 35 consumers participated in the focus group. This remained the rough number of participants for the bulk of the focus group, with some people joining the session after it started or leaving prior to its completion. The 35 participants were comprised of a diverse group of individuals in terms of gender, race/ethnicity, and disability. One attendee turned out to be a consumer of the Massachusetts Commission for the Blind and not MRC, but their feedback is not included in this report.

To ensure accessibility for all participants, CART reporting was available in the room for attendees and there also were a series of interpreters in the room to assist those who were deaf or hard of hearing. The Chair of the SRC Needs Assessment Committee acted as an observer, Graham Porell, from the MRC R&D Department acted as the moderator and Lola Akinlapa from R&D took field notes and observations. Several Individual Consumer Consultant/PCAs also assisted with collecting evaluations, distributing materials, and passing around microphones.

The overall discussion during the course of the focus group was in-depth and covered many topics related to MRC's mission and programs as well as overall issues facing individuals with disabilities. The moderator guided the focus group discussion based upon the themes and questions in the questionnaire handed out at the beginning of the focus group. A number of the themes and topics raised in the focus group were consistent with many of those raised in this year's Needs Assessment survey and other areas of the CSNA, such as many consumers feel the services and supports provided by MRC and its staff are very effective and useful, that some consumers would like to see improved communication between MRC

counselors and consumers, that consumers may have different experiences with MRC services by area office, that some consumers may not be aware or need more information on service options provided by MRC, among others. Participants also voiced their appreciation to MRC for conducting the focus group to provide them with a forum to provide input, discuss their experiences, and provide suggestions to the agency.

1. Consumers provided both positive and constructive feedback about their experiences with MRC, the services they received, and their involvement in the development of their Individualized Plan for Employment (IPE). One consumer expressed gratitude to MRC for providing effective services which recently led her to becoming employed with the assistance of a team of MRC counseling and placement staff. MRC assisted her with learning job skills, mock interviews, and with completing job applications. Another consumer discussed how MRC helped her to build upon skills she obtained in previous jobs to obtain employment in a public school. Consumers also provided constructive comments and feedback about their experiences with MRC and with particular services, including communication with MRC and its staff. Some specific remarks from consumers included:
  - “MRC was instrumental with me being successfully employed and remaining employed.”
  - “My counselor is doing a great job, but I am having a hard time finding a job in my home area, goal, and with the hours I want.”
  - “MRC services are great but there needs to be improvement in communication correspondence and gaps between appointments.”
  - “MRC was critical in assisting me in facing the outside world and to develop the keys to obtaining a job after my accident.”
2. As with last year, differences in experiences and services across different MRC VR offices was reported by some consumers. Some consumers indicated that they received different messages on service availability and service guidelines from different offices. There were a number of questions and comments about MRC policies, guidelines, and processes. These questions suggest that refresher trainings or webinars/E-learnings on MRC policies and procedures to MRC counselors and other VR staff may be beneficial to ensure that adequate and consistent information is being provided to MRC consumers on services, policies, and procedures.



3. Some consumers may not be aware of all the services and resources provided by MRC and/or may require additional information on service options, including those offered by the Community Living Division. This is consistent with findings in the Needs Assessment Survey that some MRC consumers may not be aware of the service options available to them. Particular services consumers were not aware of included Assistive Technology and many services provided by the Community Living Division. Areas where consumers needed more information on included GED/HSIT preparation, assistance with completing online applications and Federal Job applications, soft-skills training, and post-employment services. It was recommended that MRC ensure that its VR counselors are fully aware of the full range of MRC services and that additional information on available services be provided to consumers.
4. Communication was a theme that was discussed in detail during the focus group. Some consumers voiced a need for improved communication between consumers and MRC counselors. This is consistent with findings in the Needs Assessment Survey and other components of the CSNA. Specific examples given by consumers included difficulty contacting their local MRC VR office, scheduling appointments, and contacting and/or staying in touch with their counselor. It was also noted that communication may vary by specific office and counselor. Improved communication and more follow-ups between counselors and consumers was recommended by focus group participants. A participant also reported that MRC counselors seem to be dealing with a large volume of work and that this may be impacting communication with consumers. It was suggested that additional staff resources and increased use of technology and electronic methods of communication may assist in improving communication between counselors and consumers.
5. Several consumers indicated their VR cases recently had been transferred to a new counselor due to staff turnover. It was suggested that MRC increase communication to consumers in situations where their counselor has changed. One consumer recommended that it would be helpful if MRC had a more personal process when cases are transferred to a new counselor. A specific suggestion is that the new counselor should give the consumer a personal phone call to introduce themselves in addition to sending a letter in the mail announcing the change.

6. Participating consumers indicated transportation remains a large issue for many MRC consumers. Consistent with the findings of the Needs Assessment survey, Consumers' comments indicate that transportation needs deeply impact some consumers' ability to pursue MRC services, long term employment or the ability to pursue independence.
7. Resources from other agencies and organizations in addition to MRC were also discussed during the focus group. It was noted that there are many different agencies and resources from partner agencies that can assist individuals with disabilities in addition to MRC, including DDS, DMH, MCDHH, the Career Centers, community partners, non-profit agencies, and the Independent Living Centers. However, these agencies can have different eligibility criteria as well. The moderator noted that MRC is strengthening its ties to partners such as the Career Centers, the Department of Education, and other agencies as part of the recently enacted Workforce Opportunity and Innovation Act (WIOA).
8. A number of consumers discussed frustrations and challenges with online job applications. It was noted that MRC counselors, Job Placement, and Employment Specialist staff can assist consumers in filling out applications and can contact the employers regarding online applications. While MRC does not have control over individual employers' online hiring systems, it can make recommendations to our employer partners. Several consumers expressed concern over difficulties for older individuals in obtaining employment. This is an area where consumers can work with their MRC counselor to develop strategies in this area.
9. Other recommendations and suggestions from consumers include:
  - Counselors should inform consumers about their opportunities to provide input through the Needs Assessment and Consumer Satisfaction Surveys.
  - MRC should consider adding Peer Specialists at its Area Offices to work together with MRC consumers as they go through the VR process. The capacity for this could be through the Individual Consumer Consultant (ICC) program and the Independent Living Centers for peer support activities.
  - Additional trainings for consumers on computer software and technology.
  - Additional resources for assistive technology.
  - More job fairs and hiring events with employers to assist with job placement.

Overall, the 2015 focus group was once again successful in achieving its goals in obtaining consumer input to incorporate as part of the Comprehensive Statewide Needs Assessment process. The focus group provided the ability to gather rich qualitative data, and the opportunity to speak directly with diverse

MRC consumers, and once again demonstrated genuine efforts towards outreach and opinion-gathering efforts on the part of MRC. The information gathered through the focus group clearly complements that collected in the Needs Assessment survey, the Consumer Satisfaction Survey, and other Needs Assessment components. The results once again suggest that the focus group can be executed in varying circumstances using basic preparation and strategies, however this year's results demonstrate that inclusion of the focus group on the formal agenda with pre-registration is the preferable strategy. It is recommended that MRC and the VR Needs Assessment Committee continue to hold focus groups for the Needs Assessment annually at the consumer conference or annually at an area office or other site if the conference is not held during a particular year.

### **Other Findings**

#### **MRC 2015 Consumer Satisfaction Survey: Summary of Results - 3/3/16**

The Massachusetts Rehabilitation Commission (MRC) Research, Development and Performance Management Department works with the Consumer Satisfaction Committee of the State Rehabilitation Council (SRC) to implement the annual Consumer Satisfaction Survey and Survey Report. The Consumer Satisfaction Committee is a standing committee of the SRC that meets regularly to monitor developments and results with regard to the mandated MRC Consumer Satisfaction Survey.

The annual MRC Consumer Satisfaction Survey measures consumer satisfaction with the agency's VR programs and services. The survey supports the quality improvement activities of the MRC and makes up a part of the Comprehensive Statewide Needs Assessment (CSNA) process.

The 2015 online MRC Consumer Satisfaction Survey was administered in January of 2016. There are currently 331 responses out of a total of 1,929 survey recipients, achieving a response rate of 17%, we expect this number to increase through the month. The relatively high response demonstrates the viability of conducting an all-online satisfaction survey using email addresses. In addition, new survey questions yielded valuable data on consumer outcomes. A large majority of MRC consumers, 83%, were satisfied with MRC services overall. About 49% (very close to half) were very satisfied. A survey announcement was emailed to individuals in January.

- The total number of consumers closed in Status 26 or 28 in Fiscal Year 2015 period was 7,727. The number of these with known email addresses was 2,558.

- There were 451 undeliverable email addresses and 169 who opted out of the survey for a total sample size was 1,929.
- About 77% of respondents would encourage others with disabilities to go to the MRC for training or employment services.
- About 83% of respondents were satisfied that MRC services assisted them in becoming more independent (40% were very satisfied, 29% were satisfied, and 13% somewhat satisfied).
- 64% of respondents (165 individuals) reported that they had a job.
- 87% of respondents with a job were satisfied with their job (42% were very satisfied).
- About 82% of respondents were satisfied that their job matched the goals developed in their MRC employment plan (31% were very satisfied in this regard).
- A majority of respondents with jobs (36%) work more than 35 hours per week. The next largest group with jobs (19%) work 16-20 hours per week.
- The majority of respondents with jobs earn between \$12 and \$21 per hour. (35% earn \$10 to \$12 an hour, 17% earn \$16 to \$21 an hour, and 19% earn \$13 to \$15 an hour.) This particular survey question was adjusted to fit the national minimum wage increase to \$10 dollars an hour.
- 78.5% of respondents were satisfied with the ability of the MRC to identify their interests, strengths, and employment goals (36% of respondents were very satisfied in this regard).
- Overall, 76% were satisfied with the employment plan that they developed with their MRC counselor (33% were very satisfied, 25% were satisfied, and 18% were somewhat satisfied with their employment plan.)
- Overall, 79% were satisfied with their level of participation in their employment plan (35% were very satisfied, 28% satisfied, and 16% somewhat satisfied).
- Recently MRC has included the MRC Consumer Handbook on the internet for easier access to the general public, according to the survey respondents a majority (61%) were unaware that the handbook was made available online to them while 16% of respondents were aware, and the remaining 22% were unaware.
- A majority of respondents were very satisfied with the kinds of job leads they received through the MRC. Overall, about 69% of respondents were satisfied with their job leads.
- A majority of respondents (68%) were very satisfied with the number of job interviews they received through the MRC.
- About 76% of survey respondents were satisfied with the promptness of services at the MRC.

### Quotes from Survey participants:

- “The help and guidance I received from my case worker, and the flexibility to my circumstances by the entire system in general in helping me to achieve my goals which now includes work within my chosen field, and a master’s degree next year as well.”
- “My employment counselor was informed, professional and very pleasant to work with. She was diligent in finding the tools I needed to get me started and my business is growing slowly thanks to her assistance.”
- “Job placement , working on my goals , returning back to school, helping getting funds to pay for school, MRC was very helpful enjoyed my years as a client there.”
- “They (MRC) did everything they promised and I held up my end of the bargain. I anticipate that I will earn income from the equipment they provided me for many years to come. Thank you all so much.”
- “Promptness in making sure that I have books at the beginning of my school semester.”
- “MRC people are very friendly, very helpful, very educated and they know exactly what they're doing they know exactly how to help somebody especially me who's been in a job for 17 years and didn't know how to do an application or go on an interview very satisfied.”
- “I'm am set to get equipment from Easter Seals within the month and have high hopes things for me will move ahead towards reaching my goals for more financially stable with my workers leadership.”
- “I think that this organization is one of the best that we have in MA. The people working within make the most of what resources they have and all are clearly dedicated to serving their clients.”

### **MRC Counselor Satisfaction Survey Findings**

MRC’s Research, Development and Performance Management Department, as part of the CSNA process and its Strategic Planning and Quality Assurance activities, conducts a Counselor Satisfaction Survey on an annual basis. The goal is to evaluate counselor satisfaction and obtain input from MRC’s VR counseling staff on their experiences and how MRC can best address the needs of its consumers and individuals with disabilities. The findings are used in conjunction with the Needs Assessment Survey, Consumer Satisfaction Survey, and Provider Satisfaction Survey, and other components as part of the CSNA process. The findings from this survey are also shared with MRC staff and management and other stakeholders as part of its quality assurance, strategic planning, and WIOA Combined State Planning processes. Direct input from counselors is an important and critical aspect of the CSNA and these other processes. 45% of MRC counselors and unit supervisors responded to the most recent counselor survey conducted in late Fall 2015. The findings of the survey are summarized as follows:

1. Once again, the majority of MRC counselors are satisfied with their ability to assist individuals with disabilities in obtaining competitive employment based on their skills, interests, needs, and choices. Overall, 96.7% of responding counselors indicated they were at somewhat satisfied, satisfied, or very satisfied with the services provided by their office. This is higher than 2013 (92.4%). 70% of responding counselors were satisfied or very satisfied with services provided by their office.
2. The majority of MRC counselors are generally satisfied with most services provided to consumers. This includes most case management and counseling services, skills training, post-secondary education, job placement and job support services, and other services delivered to consumers. In all areas, 70% or more of respondents were at least somewhat satisfied, consistent with 2014 results. As with previous years, higher levels of satisfaction were found in certain areas and with specific services compared to others. Some of the highest satisfaction areas were in the VR case management and counseling area. There also was an increase in the proportion of counselors who are very satisfied or satisfied versus somewhat satisfied in the area of overall job placement and job support services from 2014. For example, there was a 12% increase in counselors satisfied with the number of available job opportunities for consumers.
3. Specific areas with high satisfaction levels included all but two case-management related areas, including information and referral to other resources and programs (81.3% very satisfied/satisfied), consumer understanding of the appeals process (75.9%), consumer ability to choose their own vocational goal (73.1%), consumer involvement in developing services in their IPE (71% very satisfied/satisfied), and assessment of vocational rehabilitation needs (59.6%). There also was high satisfaction with post-secondary education services (81.3%), job search skills (69.2%), and soft-skills trainings (66.4%), post-employment and ongoing support services (65.4%), job leads available for consumers (59.8%), and promptness of service delivery (55.1%).
4. In terms of transition services to High School students (including WIOA Pre-Employment Transition Services, 47.7% of counselors were very satisfied or satisfied. As this was the first year this question was in the survey, and as MRC was in the process of rolling out a major procurement for Pre-Employment Transition Services at the time of the survey, it is likely this will increase in 2016.

5. Areas with lower satisfaction levels included maintaining contact with consumers (47% very satisfied/satisfied), the ability to adequately serve caseloads (44.8%), the number of job interviews for consumers (41.1%), the availability and amount of on-the-job supports (39.6%), and on-the-job training for consumers (36%). More counselors were somewhat satisfied than satisfied in many of these areas.
6. Counselors' satisfaction in terms of maintaining contact and engaging with consumers on their caseload increased by 12% from 2014 to 47%. However, it is clear that this is an area of improvement, which is consistent with findings from the Needs Assessment and Consumer Satisfaction surveys.
7. The majority of MRC counselors believe they are meeting most of their consumers' expectations (68.1%), and nearly all indicate they are at least meeting some of their consumers' expectations (96.7%). These are consistent with 2014. The range of services and supports available to VR consumers allow counselors to provide individualized and flexible services based on consumer needs. Reasons that some consumer expectations are not met include: that consumers at times may have unrealistic expectations and may not understand what services MRC provides; that retirements, staff turnover, and high caseloads may impact consumer experiences; that many consumers may require services from other agencies and programs outside of MRC to meet their needs; and other barriers such as transportation and job availability in some areas.
8. Most counselors are satisfied with MRC's internal job placement services. Overall, 85% are at least somewhat satisfied and 53% are very satisfied or satisfied with internal placement resources. This is a slight increase from 2014. A need for additional or full time placement staff in certain offices, improved communication and collaboration between JPS, ESS, and counselors, improved job matching, and the desire for more use of informational interviews was expressed by some counselors. Once again, the team model used in some offices where the JPS, ESS, and the counselor work together to assist consumers in obtaining employment should be considered as a best-practice model that can be adopted across offices.

9. The majority of responding counselors (83%) were at least somewhat satisfied with the services provided to MRC consumers by Community Rehabilitation Providers (CRPs) through the Competitive Integrated Employment Services (CIES) program. 51% were satisfied or very satisfied. Satisfaction in this area increased 4% from 2014, and 15% from 2013. A need for additional vendor capacity to meet the needs of consumers in some areas/regions was again mentioned, including services for those with CORIs and consumers with limited English proficiency. A need for more provider resources for assessment was also voiced by some counselors. Some also mentioned that quality of services can vary notably by provider. Improved communication between vendors, supervisors and counselors, and working with CRPs to ensure continued improvement in CIES outcomes and service quality was also recommended.
10. Staff should be reminded that job coaching and skills training services are available through CIES and that any issues with vendors should be communicated to their supervisor and the District Contract Manager. Additionally, staff should be reminded that the 90 day IPE time requirement is federal law which MRC must abide by.
11. Most counselors are satisfied with services provided to consumers by schools, colleges, and universities. Overall, 94.3% of counselors were at least somewhat satisfied, and 58.8% very satisfied or satisfied in this area. Once again, it was clear that counselors' experiences with schools and colleges can vary notably by institution. This appears to be at both the high school and post-secondary levels. Efforts to improve collaboration with college disability service offices, continued improvements in services for transition-aged youth including pre-employment transition services, continued development and expansion of relationships with high school staff, and improved communication between educational institutions and MRC were recommended by some counselors. A number of counselors indicated the need for increased and pre-employment transition services for high school students with disabilities, including coordination with high schools.
12. Counselors were highly satisfied (91.5%) with products and materials purchased from vendors for consumers. There was a slight decrease from 2014 in this area. About two-thirds of staff were very satisfied or satisfied in this area. Once again, many counselors indicated they would benefit from additional information about available vendors and the materials they supply. It is recommended that



a guide or list of resources to assist in purchasing products be developed. Some counselors also indicated that some materials or products for consumers can take some time to be delivered.

13. Counselors provided a variety of suggestions for how MRC could assist them in their efforts to assist consumers in their efforts to obtain employment. Common suggestions included:

- Increased and improved clerical support for counselors such as hiring case aides.
- Improvements and enhancements to MRCIS.
- Efforts to reduce caseload sizes.
- Increased Job Placement Specialist and Employment Service Specialist resources including ensuring every office has a full time JPS.
- Improved support and resources for job placement, including increased information on job leads for consumers.
- Improved supervision of counselors.
- Additional vendor capacity in the CIES program.
- Additional resources for bilingual and deaf and hard of hearing consumers.
- Additional resources for evaluation and assessments.
- Technology to assist counselors in maintaining contact with consumers including tablets, Wi-Fi-cards and cellphones.
- Ability to send text messages to consumers.
- Alternative work options.
- Improved services for youth and high school students.
- More training for staff, including on WIOA topics.
- Support resources for staff such as team building and stress reduction groups.
- Resources to make the process of finding approved vendors for purchased services and materials easier.
- More job driven training resources.
- Continued improvements in internal communication.

### **Community Rehabilitation Provider Satisfaction Survey**

As part of MRC's ongoing Comprehensive Statewide Needs Assessment (CSNA), Quality Assurance and Performance Improvement processes, the Massachusetts Rehabilitation Commission (MRC) conducts an annual satisfaction survey to Community Rehabilitation Providers (CRPs) to assist in evaluating the need to create and improve community rehabilitation programs in the Commonwealth. The findings from this survey are shared with MRC staff and management and other stakeholders as part of its quality assurance, strategic planning, provider contract monitoring, and WIOA Combined State Planning processes. Direct input from provider agencies is an important and critical aspect of these processes.

This year's Provider Satisfaction Survey was sent out to provider organizations in January, 2016. A total of 39 provider organizations responded for a response rate of 38%

1. Most Community Rehabilitation Providers (CRPs) are satisfied with the services they are providing to MRC consumers referred for services through the Competitive Integrated Employment Services (CIES) program. Overall, 99% of providers were at least somewhat satisfied with services delivered by their agency/organization. This is an increase from the 2012-2014 Provider Survey (92%). Additionally, 90% of respondents were satisfied or very satisfied with CIES services they delivered.
2. The findings of the survey demonstrate that CRPs play a significant role in assisting MRC consumers towards obtaining and maintaining competitive employment. Many CRPs are able to provide significant employment and other services to consumers with very complex needs, including one-to-one services that lead to strong job matching and placement ability.
3. Given these strengths, the large majority of CRPs feel they are meeting the expectations of consumers referred for CIES services. 84.6% of providers indicated they believe they are meeting these consumers' expectations all or most of the time, and nearly all (97%) feel they are meeting at least some consumer expectations. Reasons why consumer expectations are being met includes strong communication between MRC counselors/offices and providers, and providers' strong commitment to consumer involvement and consumer choice. Reasons why expectations may not be met included complex needs or difficulty on the part of the consumer remaining engaged for various reasons, that consumers may require other support services, and issues with placement of consumers with criminal backgrounds, among others.
4. Nearly all providers responding to the survey provide services in the CIES Job Development and Placement, Assessment, Initial Employment Supports, and Ongoing Supports program components. Only 56% of providers provide services in the Skills Training component, and about 75% provide Interim Supports. This is consistent with the fact that these components have lower utilization compared to the other components. Referral for CIES component services are based on consumer need. Some consumers may require all components while others may only need one. Other associated services that can be provided as part of the CIES components that providers indicate they deliver to MRC consumers included Job Search Assistance (67%), information and referral (41%), and vocational counseling (44%).

5. The majority of CRPs were satisfied or very satisfied with their agency's delivery of services to MRC consumers in all six CIES components. Satisfaction was highest for Initial Employment Supports Component (89.5%), Ongoing Employment Supports (84.2%), Assessment (81.6%), and Job Development and Placement Component (76.9%). Lower levels were found for Interim Supports (67.6%), and Skills Training (55.6%). However, a number of providers chose "not applicable" for these components, which is consistent with component utilization as these components are not heavily utilized compared to the other components.
6. In terms of serving and supporting MRC consumers referred for CIES services, 80% or more of providers were satisfied or very satisfied in all 5 question areas, an increase from 2014. Satisfaction was highest in terms of the ability to assist consumers in overcoming employment barriers (100%), ability to assess consumers' vocational rehabilitation needs (97.4%), and prompt service delivery to consumers (82%). A total of 92% of providers were also satisfied or very satisfied with their ability to adequately serve MRC CIES referrals. This was an increase of about 10% from 2014. This change may be related to MRC's recent increases to available CIES resources to meet consumer needs and the recent cost of living increase to the CIES rates.
7. Providers were very satisfied with job search skills, their capacity to match consumers to available jobs based on their skills and interests, job leads available for consumers, and soft skills trainings provided. Somewhat lower levels of satisfaction was found in terms of the number of job opportunities and job interviews available for consumers. However, in all of these cases, over two thirds of providers were satisfied or very satisfied.
8. Just over two thirds of providers were satisfied or very satisfied with the number of initial job placements (73.7%) and successful employment outcomes (73.7%) achieved for MRC consumers through the CIES program. These both increased about 5% from the 2014 provider survey.
9. Again this year, providers reported they are very satisfied with their level of communication with MRC consumers. 100% of responding CRPs were at least somewhat satisfied with the level of communication with MRC consumers, while 82% indicated they were satisfied or very satisfied. This amount did decrease slightly from 2014.
10. Most providers appear to be satisfied with communication with MRC counselors, supervisors, and other agency staff. Overall, 92.3% of providers were at least somewhat satisfied with communication from MRC, and 84.6% were very satisfied or satisfied in this area, consistent with 2014 results. It is clear from open-ended responses that many providers are satisfied with

communication with MRC staff. A number of providers expressed that they have an excellent relationship with MRC due to professional and timely communication. There appears to be some differences in satisfaction with communication with MRC between individual providers in some instances. Some providers did express a need for improved communication with MRC and its staff, and some indicated they have difficulty contacting MRC counselors at times.

11. Responding CRPs provided a variety of suggestions and recommendations for how MRC can assist them in improving CIES service delivery to MRC consumers. The most common suggestions included:

- More information and documentation on referred consumers from MRC VR counselors.
- More CIES referrals who are job ready and/or strongly motivated to work.
- Ensuring that Contract Orders and fiscal documentation related to CIES is processed efficiently and delivered to providers in a timely fashion.
- Continued improvement in communication between MRC staff and providers.
- Increased use of the assessment and skills training components.
- Continued opportunities for vendors to present to groups of MRC counselors on their programs and to improve communication.
- Ensuring MRC counselors attend initial meeting between provider and consumer.

12. Once again, a team process of communication should be emphasized with CRPs and MRC staff. This team process involves the counselor, their supervisor, the District Contract Manager, and representatives from the provider. Continued utilization of this team process will improve communication between MRC and the provider and ensure any issues or questions are easily resolved.

13. Improvements in the flow of documentation and contract materials was also suggested as an area of improvement. MRC has reminded staff on the need to process contact orders and other documentation in a timely fashion at all times, including around the beginning and end of each fiscal year.

### **Performance Based Contract Review and Evaluation**

As part of its efforts to evaluate and improve community rehabilitation programs in Massachusetts, MRC continuously evaluates and manages provider outcomes and performance quality to ensure that MRC consumers are given the opportunity to achieve the best possible employment outcomes. Using data and information collected through tools and methods such as site visits, data analysis and reporting, quarterly

review meetings, and annual provider and consumer surveys, MRC conducts quarterly and annual performance evaluations on provider performance.

The main program that MRC purchases services for consumers from CRPs is the Competitive Integrated Employment Services (CIES) Program, a performance-based contract program providing vocational evaluation, training, placement, and supported employment services for participants. CIES consists of six unique service components, each associated with a specific service outcome. Through the component based system, consumers are able to receive the individualized and targeted combinations of services and supports they need to achieve successful employment. This system, adopted by MRC in 2010 as part of a larger state procurement, revolves around service components. Provider payments are based on performance for initiation and completion of specific services. Provider performance has improved significantly since the program began in 2010 and the proportion of consumers obtaining successful employment outcomes increased by 4% between SFY2011 and SFY2015. In SFY2014, 78% of all placements in the CIES program resulted in successful employment outcomes for consumers.

Performance evaluations of the CIES program are used to assess consumer needs, demand for services, and the quality of services provided by CRPs and to determine areas for improvement. Adjustments to provider contracts are made based on these evaluations based on performance, need, demand, and available resources. MRC also utilizes the information to develop recommendations for improvement of CRPs and to determine the need for additional CRPs to meet consumer needs, both for specific populations and geographically. There are some areas of the state which could benefit from new or expanded CRPs and this is reflected in the results of the Counselor Satisfaction Survey. The reopening of the CIES procurement in 2014 and 2015 allowed recruitment of a handful of additional CRPs. MRC has also expanded existing vendors into new geographic locations. These new vendors and expansion of existing vendors were brought on in the 1<sup>st</sup> and 2<sup>nd</sup> quarters of SFY2015. MRC saw a 17% increase in successful employment outcomes in the CIES program during SFY2015, likely tied to this increase in resources and continued focus on performance improvement. Even with the new and expanded vendors, MRC continually monitors the program to identify additional areas where additional vendor capacity is needed.

MRC is also rolling out a new multi-million dollar procurement to provide pre-employment transition services (PETS) to high school students with disabilities as part of its WIOA-related initiatives. 20 vendors have been awarded contracts which began in early 2016. The structure for managing and monitoring these contracts is based on MRC's CIES process and involves monthly narrative and statistical reporting and quarterly site visit meetings, among others. The contracts have performance measures involving completion of PETS services offered under the procurement. The procurement is cost-reimbursement but the goal is to collect data on best practice models for the provision of PETS services and to ultimately develop a unit rate structure.

### **Employer Survey Pilot**

In 2015, MRC conducted a pilot survey of MRC employer partners through MRC's account management system. The pilot focused on statewide and regional employer accounts managed by MRC's Job Placement Specialists and Employment Service Specialists. A total of 16 employers responded to the pilot for a response rate of 18%.

The survey results indicates a very high level of satisfaction with MRC job placement services amongst responding employer partners (88% satisfied/very satisfied, including satisfaction with the job performance of employees hired through MRC). 93% satisfied/very satisfied in terms of meeting the needs of employers, the vast majority of responding employers (87%) indicated that they are satisfied with MRC meeting their recruitment needs and 94% would recommend MRC to other businesses for employment and recruitment. These findings suggest that MRC's efforts to work with employers are effective towards accommodating the needs of our consumers and employer partners. MRC is reviewing the pilot survey findings with its Job Placement team and will refine the survey and discuss on how it can be expanded to additional employer partners going forward.

### **Summer Internship Program Pilot Survey**

In September 2015, MRC conducted a pilot survey with high school student consumers participating in the 2015 MRC Summer Internship Programs. The Survey consisted of 5 questions regarding the need for pre-employment transition services, satisfaction with the internship program, and satisfaction and effectiveness of MRC's services in assisting them in preparing for employment, and recommendations for

how MRC can improve services to youth. The survey was originally designed to be a pilot to supplement the MRC Comprehensive Statewide Needs Assessment Survey.

While the survey did have a low response rate, overall the responses received were very positive in relation to consumers' experiences in the 2015 Summer Internship programs, and one could surmise that other consumers also had positive experiences in the program. Additionally, the positive comments received from the Needs Assessment Survey regarding internships plus the positive testimonials from employers and parents support the notion that the summer internship programs were an effective and beneficial program to MRC consumers who are high school students.

It is recommended in the future, to help boost the response from participating consumers, that a hard copy survey be distributed to Summer Program participants by a counselor or employer a week prior to the end of the internship. This could help increase the response rate as individual follow up such as this was found to be effective with the Transition Works survey. Counselors could also be surveyed to get their impression on the program and its benefit. This could be conducted as part of the existing annual Counselor Satisfaction Survey or as a stand-alone survey. Finally, it is recommended that evaluation of the PETS RFR contracts include some type of consumer satisfaction component.

### **Pre-Employment Transition Service Survey of MRC Counselors**

The Massachusetts Rehabilitation Commission administered a Pre-Employment Transition Services (PETS) Survey to MRC VR counselors during 2015. The survey was designed for counselors who are actively working with high school students with disabilities. The purpose of the survey was to gather information on if the high schools provide Pre-Employment Transitional Services (i.e. internships, career counseling, and work readiness training) to students, if they provide enough PETS services, and the quality of PETS services the schools provide to students. The survey results are based on the opinions and experiences counselors have working with high schools and is limited to the schools chosen by responding counselors.

MRC administered the survey using Survey Monkey to all MRC VR counselors who are currently working with high school students. Counselor participation in the survey was completely voluntary. The survey was active for two weeks, allowing all MRC VR counselors the opportunity to partake in the

survey. There were a total of 12 questions on the survey on Pre-Employment Transitional Services in high schools. The survey received a total of 103 responses out of 223 possible responses (46%), from MRC VR counselors not including VR counselors who are 960 post-retirement employees. A comprehensive list of 403 high schools in the Commonwealth of Massachusetts was obtained from the Massachusetts Department of Education website, using the most up to date list provided by the website. Counselors were asked to identify the top 3 schools they work with and answer the survey questions based on their opinions of PETS services provided by each of the high schools they had selected. It should be noted that some counselors may have been assigned to one high school while other counselors may have worked with more than one high school, which is reflected in some of the data results.

Based on the responses, the majority of counselors responded that the high schools they work with provide some form of pre-employment services to high school students. Based on the pattern of responses, many counselors appear to be principally working with one high school. Additionally, counselors who are working with more than one high school were generally more knowledgeable of services provided by their first high school choice, which may be attributed to the counselors' familiarity of that high school. We see this pattern reflected throughout the survey responses. A total of 181 schools were selected by responding counselors as schools they work with. We noted, some counselors may be assigned to the same schools. Additionally, 61 schools in the North District, 56 in the West District, and 61 in the South District were identified as providing some form of Pre-Employment Transitional Services to high schools students with disabilities. Furthermore, the counselors had identified in their comments that some schools may provide different services to students depending on their needs and may not have knowledge on some pre-employment transitional services available in the high schools. Additionally, counselors identified that some schools may need improvement on effectively communicating to parents and students the types of services that are actively available to the student. Future research could include school data provided by the Massachusetts Department of Education website for additional information on PETS services or best practices available to high school students with disabilities.

### **Analysis of Staff Training Needs**

MRC utilizes an ongoing and continuous process to assess the training needs for all agency VR staff, including counselors, supervisors, and managers, among others. This process includes multiple methods and is managed by the MRC Training Department. The process consists of a staff training needs



assessment survey sent to managers, supervisors, and all VR staff on at least an annual basis, an advisory committee for staff training representing all levels of VR staff that meets regularly with the Training Department to provide ongoing feedback on training needs, post-training questionnaires given to staff on additional training needs after training sessions and New Counselor Training, as well as direct feedback from managers, the SRC, and other stakeholders. Findings from the CSNA including the Needs Assessment Survey, Consumer Satisfaction Survey, and Counselor Satisfaction Survey are also shared with the advisory committee and the Training Department to inform on the development of trainings. In conjunction with agency management and the training advisory committee, the Training Department uses the findings of its process to assess training needs to develop a staff training plan to guide training priorities on an annual basis. This training plan is shared with senior management and is incorporated into MRC's strategic planning, CSNA, and VR State Plan process.

In the most recent training plan, some of the training priorities identified (among others) included:

- More trainings on Pre-Employment Transition Services and the implementation of WIOA.
- Job readiness/job placement activity trainings (resume writing, local job markets/labor market information, career assessments, etc.).
- Training on hearing loss.
- Trainings on serving individuals with intellectual disabilities.
- Trainings related to online job applications and posting resumes online.
- Refresher training and trainings on system updates for the MRCIS case management system.
- Trainings on how to best assist consumers with criminal histories including those with sex offender status (CORI and SORI).
- New supervisor and management trainings on VR best practices, policies, and procedures, and effective practices for supervision including performance reviews (EPRS).
- Legal Issues and Immigrants.
- Dealing with difficult situations/de-escalation.
- Motivational interviewing.
- Continuation of annual new staff orientation for new hires.
- Consideration of professional days for MRC support staff.
- Microsoft Office trainings (Excel, Word, etc.).
- Intern supervision training.
- Continued trainings on Autism and Asperger's.
- Substance Abuse Trainings.
- Additional trainings on how to best serve transition students.
- Training on Home/Vehicle/Computer Modification.
- Labor Market information Training.
- Evidenced based best practices training.

MRC will work closely with the new national RSA/VR technical assistance centers going forward. This will assist with implementation of WIOA. In addition, the agency continues to work on developing a series of e-learnings for staff on a variety of topics including agency policies, soft skills, and VR best practices, among others.

### **Summary of Findings from Case Review Process**

As part of its quality assurance processes and to assist with the CSNA process and the development of the State Plan, MRC conducts case record reviews of VR cases. The reviews not only measure compliance with RSA and MRC regulations, but also are used to develop recommended areas for improvement and inform efforts to improve the quality of case management services provided by MRC staff. Findings are shared with senior management and incorporated into the CSNA, strategic planning, and State Plan process. The most recent review was conducted over a week in December 2014 and included a review of 100 cases from all MRC VR offices with a minimum of 4 cases per office, all closed in Status 26 or Status 28 during Federal Fiscal Year 2014. The RSA case review instrument is used to conduct the reviews, which were conducted by a team comprised of VR Area Directors, Unit Supervisors, recent VR retirees, and the Director of Policy and Planning. The reviews focused on eligibility, assessment, timeliness, substantiality, and employment outcomes.

Overall, the reviewed cases were generally compliant in the areas of eligibility and assessment. In the area of eligibility, 81 out of 100 cases (81%) were compliant; the 19 cases that were non-compliant included 18 cases where SSI/SSDI recipients were not automatically presumed eligible. This represents a slight decrease in this area compared to the findings of the case reviews conducted during 2013. The fact that nearly all cases found noncompliant were due to SSI/SSDI recipients not being automatically presumed eligible suggests that issues are likely confined to just this area and that refresher training on policies and procedures related to presumption of eligibility would assist in improving performance in this area. In the area of assessment, a total of 88 out of 100 (88%) were compliant. This was an improvement from last year where only 79% of cases were compliant. Common reasons for noncompliance included the consumers' employment goal was inconsistent with the assessment, incomplete explanations of rehabilitation needs, incorrect assignment of priority category, and undocumented significance of disability level.

There were some areas of noncompliance in the timeliness area. 5% of reviewed cases were over the agency standard of six months for the time from eligibility to IPE development. This was a significant improvement from 2013, where 28% of cases were non-compliant in this area. MRC is focusing on improvement of eligibility to IPE timeliness performance, and is implementing the new 3 month or 90 day standard which is now required as per WIOA.

In addition, a handful of reviewed cases were not found eligible within the RSA required 60 day window and did not include a waiver justifying the wait. There was improvement in this area from the 2013 reviews. All of these cases were addressed with managers and supervisors through training. MRC is also focusing on maximizing performance in the timeliness of eligibility determination. It is important to note that the case review is of recently closed cases and MRC also reviews compliance of new eligibilities and IPEs on a regular basis and compliance for new cases is much improved.

Also, 7% of reviewed cases had services that did not contribute substantially to the individuals' employment. Many of these were due to lack of documented services provided by MRC to assist the consumers in finding or maintaining employment. Individual follow up was conducted in all these cases with the appropriate managers and supervisors and technical assistance was provided to prevent future occurrences. There was improvement from 2013 regarding cases where the consumers' employment was incompatible with the IPE goal. Also, there was significant improvement over past case reviews. No cases contained an employment outcome with no documentation that showed that the individual received wages and benefits comparable to those received by non-disabled employees and at least minimum wage. Mandatory check-off boxes in MRCIS have likely contributed to the improvement in this area.

Finally, there were also a few cases with poor documentation of employment. There was also evidence of a lack of ongoing contact with the consumer in several cases. Some cases were missing required elements or documentation. Some of this may be due to the fact that the documentation was not printed out from MRCIS.

Based on the findings of this year's case reviews, it was recommended that follow up training should be conducted on the procedure of presumption of eligibility for consumers receiving SSI and SSDI benefits.

Refresher staff trainings should also be conducted as needed on MRC policy and procedure on eligibility standards, timeliness, and substantiality of services. Improvement was seen in most of these areas from past years. Supervisory staff should be reminded to routinely evaluate cases to ensure proper documentation of services and supports.

### **Performance Management**

One of the main aspects of MRC's Performance Management and Quality Improvement System which informs the CSNA and the State Plan is MRC's Performance Management System. Through early 2016 MRC utilized a tool known as EHSResults, a web-based performance scorecard system developed by the Massachusetts Executive Office of Health and Human Services (EOHHS), MRC's parent agency. This system was decommissioned in early 2016 and will be replaced with a new system with agency strategic measures. MRC has archived all historical data from this system. MRC has an internal report known as the Benchmark Report which has been enhanced with former EHS Results measures and reformatted to maintain MRC's performance measurement system. The benchmark report also provides additional comments and analysis on performance measures to further inform senior management on performance and trends and patterns to inform decisions. The Benchmark Report has performance measures based on program level, division level, agency level, and state-level strategic goals which are tracked on a monthly, quarterly, or annual basis based on the availability of data. There are measures for each division, including VR. Performance on these standards is reviewed regularly by MRC management and is used to inform decision making.

### **MRC Strategic Plan/SWOT Analysis**

In 2012, MRC conducted a comprehensive SWOT analysis and assessment of its strategic needs and goals. This process was conducted by the MRC Senior Management Team and the Research, Development, and Performance Management Department with input from other planning committees and groups.

A workgroup of MRC Senior Management and other staff conducted the analysis and assessment through reviewing data and information from fact sheets, surveys, long term trend reports, Comprehensive Statewide Needs Assessment Reports, the State Plan for VR, Consumer Satisfaction Surveys, and other reports and information. The workgroup also received input from consumers, staff, and other

stakeholders, including the Statewide Rehabilitation Council (SRC), the Statewide Independent Living Council (SILC), MRC's Workforce Planning Workgroup, Continuous Quality Improvement committees, and the Marketing Strategy Team, amongst others.

The workgroup used the findings from this comprehensive assessment to prioritize the agency's strategies and goals for SFY2013 to SFY2015 and to develop MRC's Strategic Plan. A total of 4 strategic objectives were developed, one for each division of the agency. Specific outcome measures towards these goals were developed for the FY2013 to FY2015 period and strategies were developed to lead the agency towards meeting these objectives. MRC has worked on updating its strategic plan, as the former plan expired on June 30, 2015. MRC has completed this update to its strategic plan for FY2017-2019 based on new goals from agency senior management.

This is part of MRC's continuous improvement process to continually improve the effectiveness and efficiency of agency operations and services to MRC consumers utilizing the Plan. MRC will update and refine strategic plan and goals as needed on a regular basis. Finally, MRC's strategic plan and results are shared with management, staff, and other stakeholders on a regular basis. MRC also published an annual progress report on the FY2013-FY2015 Strategic Plan. In **FY2015, the MRC achieved a high level of success in all strategic plan goal areas. All target goals in all goal areas were achieved for this time period.** See the Appendix document for a copy of the progress report.

### **RSA Standards and Indicators**

The Provisions in the Rehabilitation Act for Vocational Rehabilitation Programs which were in effect during Federal Fiscal Year 2015 require the Rehabilitation Services Administration (RSA) to determine if each VR State Program (including MRC) is in compliance with national evaluation standards and performance indicators. The Standards & Indicators represents performance benchmarks upon which MRC is evaluated each federal fiscal year. (October – September). MRC conducted this analysis of the Standards & Indicators on the basis of the 2015 Federal Fiscal year to review the agency's performance for that fiscal year.

In order to achieve successful performance on these standards, state VR agencies must meet or exceed four of the six performance indicators in standard 1; including meeting or exceeding the performance

levels for two of the three primary indicators. The three primary indicators are as follows: 1.3, 1.4, and 1.5. Performance levels for each indicators are set by RSA for all VR General/Combined and for all VR Blind agencies. MRC must also exceed its previous federal fiscal year employment outcome total by at least 1.

In FFY 2015, MRC was successful in passing these performance standards for a third consecutive year. MRC exceeded the standards for 4 out of the 6 overall indicators and for 2 out of the 3 primary indicators.

As a result of the enactment of the Workforce Opportunity and Investment Act of 2014, these VR performance measures will be replaced by the 6 WIOA Common Measures. These will align VR performance reporting with other core workforce partners such as the Career Centers, Wagner/Peyser, and Adult Education. MRC is planning for their implementation and have included initial benchmarks in its first WIOA Unified/Combined State Plan. The most recent information from RSA indicates VR agencies will collect baseline data for the common measures for the first 2 program years under WIOA. These new measures will take effect July 1, 2016. As final regulations have not been received, it is possible RSA may choose to keep some or all of the existing Standards and Indicators to measure VR agency performance in addition to the new Common Measures. For historical tracking purposes and for quality assurance, it is recommended that MRC continue to track its performance on the Standards and Indicators as many are key quality indicators (such as the Rehabilitation Rate). MRC has learned that the two common measures which measure employment at the second and fourth quarters will include both successful (Status 26) and unsuccessful closures (Status 28s). Therefore, Status 28 closures will impact MRC performance on the Common Measures going forward.

#### **Summary:**

**MRC passed 2 of 3 of the Primary Indicators and passed 4 of 6 Indicators overall. Therefore MRC passed the RSA Standards and Indicators performance evaluation for the third consecutive year in FFY2015. Furthermore:**

- **Standard and Indicator 1.1 (Employment Outcomes)** MRC once again had an excellent year in terms of successful employment outcomes made possible by the combined hard work and effort of its counselors, job placement specialists, employment service specialists, other staff, and contracted vendors. As a result, MRC was able to continue to improve performance and increase the number of successful rehabilitations achieved in FFY2015. This marked the sixth straight year MRC passed this measure and increased its number of successful outcomes from the prior year.

- **Standard and Indicator 1.2 (Rehabilitation Rate)** MRC's performance on the Rehabilitation Rate during FFY2015 decreased from FFY2014 and was not high enough for MRC to pass this specific indicator. MRC will continue to monitor and evaluate Status 28 closures and focus on Status 26 closures on an ongoing basis to maintain and improve our level of performance. It is important to note that Status 28 closures will be included in the calculations for the WIOA Common Measures for 2<sup>nd</sup> and 4<sup>th</sup> quarter employment rates after exit from the VR program. Therefore, Status 28 closures will impact MRC performance on the Common Measures going forward.
- **Standard and Indicators 1.3 and 1.4 (Competitive Employment outcomes overall and for Significant Disabilities)** MRC continues to pass these Indicators as MRC continues to focus on employment of consumers with significant disabilities in competitive, integrated employment.
- **Standard and Indicator 1.5 (Ratio of consumer wage to overall state wage)** Historically, MRC has struggled to pass this indicator in a large part due to the fact that Massachusetts has a very high state average wage. Given that MRC serves many consumers who have no or limited work histories, and may not be able to work full time due to their needs, it continues to be difficult for MRC to change this historical pattern. However, MRC can improve its performance in this area by ensuring that wages are accurately coded in the MRCIS system, focusing on employment outcomes in high growth industries, and through initiatives such as the Employer Account Management System, the Federal Contractor Hiring Event and job-driven trainings such as the CVS Pharmacy Technician Training Program. MRC has continued to integrate greater amounts of information on labor market conditions and employment desired by consumers into our decision making. These continued efforts will assist towards improved performance in this area. MRC did see a decent increase in consumer wages in FFY2015 but this was offset by increases in the overall state average wage.
- **Standard and Indicator 1.6 (Primary source of support – income)** MRC successfully passed this indicator again in FFY2015. MRC's efforts to ensure the accurate coding of the primary source of income of employed consumers both in and without the presence of other income such as SSA or other public benefits have assisted MRC in continually improving performance under this indicator. MRC has conducted staff training in this area and have added validations in the MRCIS case management system to avoid potential coding errors.
- **Standard and Indicator 2.1 (Minority Service Rate)** In FFY2015, MRC passed this indicator with a strong score. MRC continues to make a strong commitment to achieve equality in service delivery and serves a diverse base of consumers that is generally reflective of the overall state population. MRC counselors should be commended for their good work in dealing with the challenges and needs associated with diversity, and keeping it a priority.

### **WIOA Common Performance Measures and Massachusetts Proposed State WIOA Measures**

MRC has established an electronic reporting and performance measurement system to monitor, analyze, and report on the effectiveness and efficiency of the programs. This system will allow the agency to make improvements to ensure performance on the WIOA common performance measures. MRC will be establishing baseline data on these measures for the first two program years and reporting data to RSA.

### **Quality Committee/Manual**

In 2011, MRC developed a quality assurance manual documenting all the aspects of its quality improvement system for the VR and CL Divisions, including the CSNA process. The goal was to bring all of the various aspects of quality assurance into one, comprehensive manual outlining all processes and how they relate together based on a recommendation from the RSA 2009 review of MRC. The manual represents the MRC's response to the RSA in accomplishing the organization and documentation of various parts of the MRC's quality assurance and performance management activities. The CSNA is a key component of MRC's quality assurance system. The manual was developed with input from all stakeholders including senior management, program managers, and all levels of staff. The Research, Development, and Performance Management department managed the process in collaboration with a quality assurance advisory committee developed to provide input and feedback on the development of the manual as well as to provide ongoing input on agency quality assurance activities.

A comprehensive update of the manual was completed in early 2014. The manual was updated to account for enhancements and updates to the quality system since it was first developed. The quality assurance committee provided input on these updates. The manual will be updated continuously going forward. MRC Research, Development, and Performance Management staff also worked closely with other New England VR programs to develop a framework for VR performance evaluation and quality assurance. Future updates of the MRC QA Manual will incorporate best practices from this framework. MRC will continue to work closely with other New England VR program evaluation and quality assurance staff as part of a workgroup meeting quarterly via conference call to discuss best practices and to share ideas on quality assurance, including the implementation of WIOA. MRC will also be updating the manual to account for WIOA implementation.

### **Workforce Planning/Succession Planning**

MRC has developed a workforce planning initiative to address future workforce needs for the agency. MRC has determined through a retirement risk analysis that the agency will face a large challenge throughout the current decade with a large portion of its workforce eligible to retire by 2020. MRC has a workforce which is comprised of many older, long term employees, many who are approaching retirement. Since 2008, this impact has been felt with many employees retiring and many employees changing roles and moving up to fill open positions, and many new employees have been brought in to fill



vacancies. The continued aging of the MRC workforce, combined with funding limitations for programs and an uncertain economic climate, pose significant challenges to workforce planning. These factors prompted the agency to develop a long-term strategic plan in 2009 to ensure coverage for critical job functions going out through FY2015 and beyond. MRC has developed a report and project management plan outlining the scope of the problem, and proposing concrete steps the agency can take to recruit qualified applicants from outside the agency, retain skilled employees, and report on progress made to date since the plan was first developed. The plan was most recently revised in 2014 and will be updated again in 2016. The plan is incorporated into MRC's CSNA, Strategic Planning, and State Plan processes.

The most recent retirement risk analysis conducted in late 2012 demonstrates the scope of the problem for MRC's VR Division (See Appendix document). The analysis indicated that nearly one-third of 2012 employees would be projected to retire by 2019. In addition, 52% of 2012 VR employees will be over the age of 60 and over 68% would be eligible for retirement by 2019. A new analysis of retirement risk is scheduled to be conducted during 2015, including an analysis of attrition over the past 5 years.

There are several main goals of MRC's workforce plan: recruit qualified candidates through outreach and development of a paid VR counseling internship program; retention of employees in critical job titles through expanded staff development opportunities, ongoing planning to ensure coverage of critical functions, and using the 960 Post-Retirement option to allow retiring staff to train new employees; increased opportunities for career advancement through increased awareness of promotional opportunities and management and aspiring supervisor trainings for line staff to prepare them for advancement, and to develop mentoring programs in collaboration with the state HR Division.

MRC has undertaken a number of initiatives as a result of its workforce plan. These include initially using ARRA and then reallotment funding to hire new staff members and roll them over into regular positions as vacancies develop due to retirement. In addition, the agency has developed a paid VR counseling intern program with several local institutions with a Rehabilitation Counseling Graduate program as a way to recruit and retain new counselors. Since this program began in 2009, MRC has offered over 84 internship opportunities and have hired 41 new counselors as a result of these individuals participating in the internship program.

In addition, a series of trainings have been developed to assist with the workforce planning process. This includes a series of trainings for managers, supervisors, as well as aspiring supervisors. These trainings are ongoing. MRC has also worked with the state HR Division to develop a certificate program for aspiring managers and supervisors where staff works to gain leadership and management skills guided by a supervisor or manager serving as a mentor. Finally, MRC has developed and has operated an annual new staff orientation since 2011 to also assist with educating and retaining staff. MRC will be evaluating the results of these efforts as part of its upcoming update to the workforce plan.

### **Analysis of Facts and Statistics: Massachusetts and MRC**

The MRC's CSNA process incorporates analysis of the following overall facts, long term trends, statistics, and demographics into the analytical process to both complement and provide additional context to this report and its findings. This includes broader information on the Massachusetts labor market and employment situation for individuals with disabilities, demographic information and facts on the MRC VR consumer population and the Commonwealth of Massachusetts as a whole, and outcomes of the MRC VR program, amongst other data. The additional data was collected from various sources to enhance the report, including labor market data from the Bureau of Labor Statistics, the Massachusetts Department of Labor, statistical data from the Annual Disability Statistics Compendium, the US Census Bureau, as well as data and statistics from the MRCIS Case Management System on the MRC's VR consumer population, and other key reports.

**Figure 29:**

#### **Overall Facts and Statistics: Massachusetts**

<b>Overall Demographics, Massachusetts</b>	
Population Statistics	
Population, 2015 estimate	6,794,422
Population, percent change, April 1, 2010 to July 1, 2015	3.8%
Persons under 5 years, percent, 2014	5.4%
Persons under 18 years, percent, 2014	20.6%
Persons 65 years and over, percent, 2014	13.8%
Female persons, percent, 2014	51.5%
<b>Race and Ethnicity</b>	
White alone, percent, 2014	82.6%
Black or African American alone, percent, 2014	8.3%
American Indian and Alaska Native alone, percent, 2014	0.5%
Asian alone, percent, 2014	6.3%

Native Hawaiian and Other Pacific Islander alone, percent, 2014	0.1%
Two or More Races, percent, 2014	2.2%
Hispanic or Latino, percent, 2014	10.8%
White alone, not Hispanic or Latino, percent, 2014	74.3%
<b>Education, Language, and Other Related Facts</b>	
Living in same house 1 year & over, percent, 2010-2014	86.8%
Foreign born persons, percent, 2010-2014	15.3%
Language other than English spoken at home, pct. age 5+, 2010-2014	22.2%
High school graduate or higher, percent of persons age 25+, 2010-2014	89.5%
Bachelor's degree or higher, percent of persons age 25+, 2010-2014	40.0%
Veterans, 2010-2014	368,593
Mean travel time to work (minutes), workers age 16+, 2010-2014	28.3
<b>Housing and Income</b>	
Housing units, 2014	2,828,492
Homeownership rate, 2010-2014	62.3%
Median value of owner-occupied housing units, 2010-2014	\$329,900
Households, 2010-2014	2,530,147
Median Gross Rent, 2010-2014	\$1,088
Persons per household, 2010-2014	2.53
Per capita money income in past 12 months (2014 dollars), 2010-2014	\$36,441
Median household income, 2010-2014	\$67,846
In Civilian Labor Force, % of population aged 16+, 2010-2014	67.5%
Persons below poverty level, percent, 2010-2014	11.6%

Source: US Census Bureau

**Figure 30**

**Disability Prevalence Statistics: Commonwealth of Massachusetts**

- In 2014, there were 6,668,348 individuals living in the community in Massachusetts, of which 773,146 were persons with disabilities; a prevalence rate of 11.6%.
- In 2014, there were 313,890,422 individuals living in the community in the U.S., of which 39,674,679 were persons with disabilities; a prevalence rate of 12.6%.
- The prevalence of individuals with disabilities ages 18-64 living in the community in Massachusetts is 9.3% (399,206 state residents out of a total of 4,303,921 residents ages of 18-64), and 10.5% nationally.

**Massachusetts Residents by Disability Category** (ages 18-64 living in the community)

Disability Category	# of MA Residents	% of MA Residents	% of Disabled in MA
Cognitive Disability	193,931	4.5%	48.6%
Ambulatory Disability	177,085	4.1%	44.4%
Independent Living Disability	143,963	3.3%	36.1%
Hearing Disability	78,778	1.8%	19.7%

Self-Care Disability	73,852	1.7%	18.4%
Vision Disability	66,636	1.5%	16.7%

### Change in the Number of People with Disabilities in MA (ages 18-64 living in the community)

2013	2014	2013 to 2014 % Change
782,204	773,146	-1.2% (9,058 less individuals)

### MA & U.S. Employment For Individuals With Disabilities (age 18-64, living in the community)

	# With Disability	# With Disability & Employed	% With Disability Who are Employed
MA	399,206	141,899	35.5%
U.S.	20,460,136	7,030,317	34.4%

### MA & U.S. Employment For Individuals Without Disabilities (age 18-64, living in the community)

	# Without Disability	# Without Disability & Employed	% Without Disability Who are Employed
MA	3,904,715	3,086,555	79.0%
U.S.	175,077,077	131,940,323	75.4%

**Figure 31**

### Prevalence of Languages Other than English Spoken at Home Statewide, 2015 Update

Language	Percentage
Spanish	8.5%
French/Creole	2.1%
German	0.3%
Slavic	1.0%
Portuguese	2.8%
Russian	0.5%
Khmer	0.4%
Other European	1.9%
Korean	0.3%
Chinese*	1.8%
Vietnamese	0.6%
Arabic	0.5%
Other Asian	1.1%

Source: US Census Bureau, 2014 American Community Survey

## **MRC Facts and Statistics**

### **MRC VISION**

The MRC provides comprehensive services to people with disabilities that maximize their quality of life and economic self-sufficiency in the community.

### **MRC MISSION**

The Massachusetts Rehabilitation Commission (MRC) promotes equality, empowerment and independence of individuals with disabilities. These goals are achieved through enhancing and encouraging personal choice and the right to succeed in the pursuit of independence and employment in the community.

### **ABOUT US**

The MRC consists of 3 divisions, Vocational Rehabilitation Division (VR), Community Living Division (CL) and the Disability Determination Services Division (DDS).

- **The Vocational Rehabilitation (VR)** Program assists individuals with disabilities to obtain and maintain, and advance in employment. In SFY2015, 23,611 individuals with disabilities actively received Vocational Rehabilitation services from the MRC.
- **The Community Living Division (CL)** is comprised of a variety of programs, supports, and services that address the diverse needs of adults and transition age youth with disabilities to fulfill their desire/need for community integration, to gain maximum control of their destiny, and to participate fully in their community. In SFY2015, 13,356 individuals with disabilities were served through MRC's Community Living programs.
- **The Disability Determination Services (DDS)** is funded by the Social Security Administration (SSA) and determines the initial, reconsideration (first level of appeal after a denial), and continued eligibility for federal SSI and SSDI benefits. Special outreach efforts are made to homeless clients, individuals with HIV/AIDS, and veterans injured during military service. In FFY2015, there were 88,508 SSI/DI claims with Disability Determination Services.

### **VR Year in Review Facts, July 1, 2014 to June 30, 2015**

Here is a brief synopsis of facts about the MRC's Vocational Rehabilitation program. Additional data from fact sheets can be found in the Appendix document.

In the most recent State Fiscal Year, the MRC's Vocational Rehabilitation program actively served 23,611 consumers in Statuses 12 to 22 (IPE development to job placement). A total of 16,074 consumers were enrolled in education and training programs. **A total of 3,737 consumers were successfully placed**

**into competitive employment for 90 days or greater based on their choices, interests, needs, and skills.**

These consumers earned an average hourly wage of \$12.98 per hour and worked an average of 26.8 hours per week. The earnings of these consumers in the first year of employment are \$67.5 million. 96% of these consumers had medical insurance at the time of closure. Overall, 84% of MRC consumers whose cases were closed in SFY2015 indicated they were satisfied with the services they received from the MRC. The average age of consumers served by the MRC is 33.5. In SFY2015, the MRC served slightly more men (53%) than women (47%).

### **MRC Consumer Disability Profile, SFY2015**

#### **Main Categories**

**Figure 32**

<b>Category</b>	<b>% of All Consumers Served, SFY2015</b>
Psychiatric Disabilities	39.8%
Substance Abuse	8.8%
Orthopedic Disabilities	11.6%
Learning Disabilities	22.2%
Mental Retardation	2.3%
Deaf/Hard of Hearing	6.7%
Neurological Disabilities	2.7%
Traumatic Brain Injury	1.7%
Other Disabilities	8.5%

**Figure 32a**

#### **Breakout by RSA Disability Impairment Codes**

<b>Description</b>	<b>% of Consumers Served, FY2015</b>
Blindness	0.1%
Other Visual Impairments	0.4%
Deafness, Primary Communication Visual	2.9%
Deafness, Primary Communication Auditory	0.7%
Hearing Loss, Primary Communication Visual	0.6%

Hearing Loss, Primary Communication Auditory	2.2%
Other Hearing Impairments (Tinnitus, Meniere's Disease, hyperacusis, etc.)	0.1%
Deaf - Blindness	0.0%
Communicative Impairments (expressive/receptive)	1.2%
Mobility Orthopedic/Neurological Impairments	4.4%
Manipulation/Dexterity Orthopedic/Neurological Impairments	1.3%
Both Mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments	2.2%
Other Orthopedic Impairments (e.g., limited range of motion)	1.6%
Respiratory Impairments	0.6%
General Physical Debilitation (fatigue, weakness, pain, etc.)	3.0%
Other Physical Impairments (not listed above)	3.8%
Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)	26.7%
Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)	41.6%
Other Mental Impairments	6.6%

**Figure 33**

**Breakout by RSA Disability Cause Codes**

<b>Description</b>	<b>% of Consumers Served, FY2015</b>
Cause Unknown	4.0%
Accident/Injury (other than TBI or SCI)	4.0%
Alcohol Abuse or Dependence	3.5%
Amputation	0.2%
Anxiety Disorders	7.8%
Arthritis and Rheumatism	1.3%
Asthma and other Allergies	0.3%
Attention-Deficit Hyperactivity Disorder (ADHD)	5.6%
Autism	5.7%
Blood Disorders	0.3%
Cancer	0.5%
Cardiac and other Conditions of the Circulatory System	0.6%
Cerebral Palsy	1.2%
Congenital Condition or Birth Injury	3.6%
Cystic Fibrosis	0.1%
Depressive and other Mood Disorders	22.3%
Diabetes Mellitus	0.7%
Digestive	0.2%

Drug Abuse or Dependence (other than alcohol)	4.9%
Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)	0.1%
End-Stage Renal Disease and other Genitourinary System Disorders	0.4%
Epilepsy	0.9%
HIV and AIDS	0.4%
Immune Deficiencies excluding HIV/AIDS	0.2%
Mental Illness (not listed elsewhere)	1.3%
Developmental Disabilities	2.2%
Multiple Sclerosis	0.6%
Muscular Dystrophy	0.3%
Parkinson's Disease and other Neurological Disorders	0.3%
Personality Disorders	0.5%
Physical Disorders/Conditions (not listed elsewhere)	3.6%
Polio	0.1%
Respiratory Disorders other than Cystic Fibrosis or Asthma	0.2%
Schizophrenia and other Psychotic Disorders	3.2%
Specific Learning Disabilities	15.7%
Spinal Cord Injury (SCI)	0.6%
Stroke	0.8%
Traumatic Brain Injury (TBI)	1.7%

### **MRC Race and Ethnicity of Served Consumers, SFY2015**

**Figure 34**

<b>Race/Ethnicity*</b>	<b>% of Consumers</b>
Asian/Pacific Islander	3.6%
African-American	17.1%
Hispanic	10.9%
Native American	0.9%
White	79.9%

*\*Multiple response category: Answers may add up to more than 100%*

### **Summary of MRC Vocational Rehabilitation Long Term Trends and Patterns**

**MRC has identified the following trends and patterns based on 5 year and 10 year trends (all are based on the MRC State Fiscal Year unless noted)**

1. Despite ongoing economic challenges which face the Commonwealth which have a greater impact on individuals with disabilities, over the past six years, MRC has achieved and exceeded its previous year's results for consumer employment. The average hourly wage for FY2015 was the highest since FY2002. The average number of hours worked per week by employed consumers has been up and down over the past five years. The number of consumers successfully employed increased by 324 or



10% from 3,413 in FY2010 to 3,737 in FY2015. The average hourly wage for employed consumers increased by 40 cents from FY2011 to FY2015. The average number of hours worked per week increased from 26.5 in FY2011 to 26.8 in FY2015.

2.

<b>Changes in Employment Outcomes, FY2011 to FY2015</b>	<b>FY2011</b>	<b>FY2012</b>	<b>FY2013</b>	<b>FY2014</b>	<b>FY2015</b>
# of Consumers Successfully Employed for 90 days or Greater (Status 26)	3,413	3,487	3,509	3,653	3,737
Average Hourly Wage for Employed Consumers	\$12.58	\$12.78	\$12.79	\$12.67	\$12.98
Average Hours Worked Per Week by Employed Consumers	26.5	26.7	26.4	26.5	26.8

3. In addition to the increase in Successful Employment Outcomes, initial job placements in Status 22 increased for the 5<sup>th</sup> straight year in FY2015. Status 22 placements are up 11.4% since FY2014, reaching the highest number since FY2007 in FY2015.
4. Continued high demand for MRC VR services remains evident in the data on consumers served over the past five to ten years. The number of consumers served in all statuses increased significantly between FY2009 and FY2011 but has been generally steady since then. The number of consumers actively served (Status 12-22) reached a new 10 year peak in FY2015 and has increased by 6.8% since FY2011, but has nearly doubled since FY2005. One reason for this increase is likely due to the fact that more consumers are being served in education and training programs (Status 18) in more recent years than in the past.
5. The number of annual new VR referrals (Status 00s) has decreased by 33% over the past five years after reaching a peak between FY2010 and FY2012. During this period, annual referrals exceeded 20,000. This period coincided with the aftermath of the 2008 economic crisis and significant changes at other state agencies such as DMH. While referrals have fallen back from their peak (currently similar to FY2009 levels), new referrals remain higher than a decade ago, suggesting continued high demand for services.
6. The number of consumers served annually in Status 18 continues to increase. The increase has slowed over the past few years, increasing by 5.6% since FY2011 but has doubled from FY2005. Additionally, there has been a 19% increase in consumers served annually in Job Ready Status (Status 20) between FY2011 and FY2015. The number of consumers in Status 20 at any given point in time has also continually increased over the same period of time. There has also been a 19% increase in consumers being put in interrupted status (Status 24) over the past 5 years.
7. The number of consumers receiving physical and mental restoration services in Status 16 has fallen slightly since FY2011, a decrease of 14.2% over the 5 year period.
8. The number of consumers served annually in post-employment services has been steady over the past 3 years after reaching a 10 year peak in FY2010. There has also been a notable increase (36%) in consumers receiving extended ongoing support services through SES since FY2011.
9. MRC has seen an increase in both revenue and expenses since FY2011. Total revenues increased mainly as a result of the availability of significant federal reallocation resources. The amount of

reallotment funds requested and received was \$5.5 million in FY2015 compared to \$12.5 million in the prior year. There has also been an increase in Social Security reimbursement revenue as reimbursement reached a 10 year high in FY2015 (increase of 62% from FY2011). Expenses have increased in proportion to revenue, with the highest increases in expenses being in the area of personnel costs (+23.5% from FY2011), and general administration (+22%), while purchase of service expenses only increased by 6.1%.

10. Due to the increase in expenses, the simple average cost per active case and per successful employment outcomes have increased somewhat over the past years.
11. The amount of carryover funds have been added to the report for FY2014 and FY2015 to provide additional context as FY2014 carryover funds led FY2015 expenses to be slightly higher than revenue.
12. The disability profile of MRC consumers (based on primary disability) continues to change over time. Over the past decade, psychiatric disabilities has consistently remained the highest category (+3% since FY11). There have also been increases in consumers served with learning disabilities (+3.4% since FY2011) while has been a decrease over the past decade in consumers with primary disabilities related to substance abuse issues, developmental disabilities, and traumatic brain injury.
13. MRC continues to serve a greater number of transition-aged youth at time of intake for services. Both the number and proportion of transition-youth aged consumers aged 16 to 24 at application has increased steadily over the past decade, especially between FY2009 and FY2011. Consumers aged 16 to 24 at application represented 38.6% of consumers actively served in Statuses 12 to 22 during FY2015.
14. As the Commonwealth's population continues to become more ethnically and racially diverse, MRC's consumer population is also following this pattern. Over the past ten years, MRC has seen an increase in African-American, Hispanic, and Asian consumers. There also has been a slight growth in Native American consumers. Numerically, the largest growth is in Hispanic and African-American consumers. Proportionally, the largest growth in MRC's consumer population over the past decade has been among Asian and Hispanic consumers, which is consistent with the 2010 Census figures for Massachusetts. In more recent years, Hispanics have been growing at a larger proportional rate than Asians. African-Americans are served by the MRC at a much higher rate than their rate in the overall population. Hispanic consumers are served by MRC at a rate consistent with their rate in the general population. It continues to appear that Asians are slightly underserved in comparison with their rate in the overall state population (3.6% of MRC consumers compared to 6.3% for all MA population)
15. Over the past 5 years, there has been a slight increase in consumers applying for MRC services with at least some post-secondary education, and a slight decrease in consumers with a high school or below level of education. This may be as a result of recent economic challenges, increased unemployment, and other factors. This trend continued in FY2015. However, the largest group of applicants remains consumers with a high school or lower level of education.

16. The proportion of consumers successfully employed with Health Insurance benefits has increased significantly over the past decade, most likely coinciding with the state Health Care Reform act enacted in 2007. However, there has been a decline over the past decade, especially since the passage of the Federal Affordable Care Act, in consumers employed with employer-sponsored health insurance benefits. It appears that an increasing number of employers are passing purchasing health care benefits on to their employees. This trend appears to be leveling off
17. Between FY2010 and FY2012, there was a large increase in the number of cases closed before plan development in Status 08. This may be a partial function of the agency's shift in the same time period from an OOS waitlist to a processing list in Status 00. The number of Status 08s has fallen back by 19.6% since FY2011. However, Status 08 closures remain much higher than they were a decade ago. The vast majority of Status 08 closures are Status 00 to 08 closures.
18. The numbers of consumers closed unsuccessfully after receiving services in Status 28 has increased over the past decade, especially between FY2010 and FY2012 which has negatively impacted MRC's ability to achieve the federal rehabilitation rate performance goal of 55.8%. Overall, the number of Status 28s is up 3.9% since FY2011. MRC passed the Rehabilitation Rate in FFY2013 and FFY2014 but fell short in FFY2015.
19. While the Standards and Indicators are being replaced by the Common Performance Measures, the rehabilitation rate remains an important quality indicator. In order to increase the rehabilitation rate, the number of Status 26 closures must increase, the number of Status 28 closures must be reduced, or a combination of increases in Status 26s and decreases of Status 28s must take place. The third option seems to be the most viable solution.
20. There has been a slight (3%) decrease in cases closed after eligibility but before service delivery (Status 30) over the past five years. This number tends to fluctuate somewhat on an annual basis.
21. In FY2016, the Competitive Integrated Employment Services (CIES) program completed its 6<sup>th</sup> year, 5<sup>th</sup> with component rates. The number of successful employment outcomes in the program is up 9% from FY2011 and increased from 766 to 899 in FY2015. The number served through CIES is slightly down looking at a 5 year trend due to reductions in CIES resources in FY2013 and FY2014. Additional resources were added to the program during FY2015. These seem to have met consumer need and assisted MRC counselors, as there were fewer remarks regarding the need for additional CIES capacity in the most recent annual counselor satisfaction survey conducted in FY2015.
22. The number of consumers participating in On-The-Job trainings has increased by 38% since FY2011 while successful employment outcomes for these consumers have increased by 47% over the past 5 years.
23. Unemployment in Massachusetts is still above levels from before the 2008 recession but has dropped from its peak during the recession to 4.7% in June 2015 and has converged towards the national average rate which decreased in FY2015 to 5.3%. Subsequently, the Labor Force Participation Rate has continued to decrease despite improvement in unemployment. This is true for both individuals with and without a disability. Individuals with disabilities have a significantly lower Labor Force Participation rate and higher unemployment rate when compared with the rate

for those without disabilities. As of June 2015, labor force participation for those with disabilities (19.8%) was nearly 50% below that of individuals without disabilities (69%).

24. Over the past several years, the Long Term Trends report has been modified to account for recent programmatic changes and to add in data for new programs and initiatives. In addition, enhancements were made in many areas to track additional information. This will allow establishment of a baseline for ongoing monitoring of trends and patterns in these areas.

**Figure 35**

**MRC Statistics by Area Office**

**SFY2015 MRC Vocational Rehabilitation Race and Ethnicity Actively Served Consumers by District and Area Office**

**Race and Ethnicity for Consumers by District**

<b>District</b>	<b>Asian/Pacific Islander</b>	<b>Black</b>	<b>Hispanic</b>	<b>White</b>	<b>Native American</b>
South District	2.6%	24.0%	8.3%	73.8%	0.8%
North District	6.1%	12.2%	10.7%	82.2%	0.7%
West District	1.4%	13.5%	15.3%	86.1%	1.1%
<b>Statewide</b>	<b>3.6%</b>	<b>17.1%</b>	<b>10.9%</b>	<b>79.9%</b>	<b>0.9%</b>

**Figure 36**

**Race and Ethnicity for Consumers by Area Office**

<b>Office</b>	<b>Asian/Pacific Islander</b>	<b>Black</b>	<b>Hispanic</b>	<b>White</b>	<b>Native American</b>
Greenfield	1.4%	9.5%	7.7%	89.6%	2.5%
Holyoke	1.0%	9.6%	19.0%	90.2%	0.8%
Pittsfield	0.9%	7.6%	4.4%	93.2%	1.0%
Springfield	1.5%	24.9%	25.7%	74.9%	0.8%
Fitchburg	1.5%	9.4%	11.6%	90.0%	0.6%
Milford	0.6%	2.5%	2.3%	97.1%	0.0%
Sturbridge	0.0%	4.4%	12.4%	96.3%	1.2%
Worcester	2.0%	15.6%	19.3%	83.5%	1.2%
Framingham	2.9%	12.7%	6.0%	85.2%	1.0%
Lawrence	1.9%	11.0%	28.5%	87.6%	0.9%
Lowell	10.3%	8.2%	8.8%	82.0%	0.5%
Salem	13.5%	10.3%	6.7%	76.6%	0.5%
Malden	2.9%	14.2%	4.4%	83.6%	0.6%

Somerville	5.0%	18.9%	8.5%	76.2%	0.9%
Downtown Boston	4.3%	31.0%	13.2%	65.5%	0.9%
Roxbury	2.4%	73.5%	16.4%	24.8%	1.4%
Braintree	5.9%	17.3%	5.8%	77.5%	0.8%
Brockton	1.9%	23.6%	9.6%	75.0%	1.0%
Fall River	1.8%	11.6%	6.5%	86.8%	0.8%
Hyannis	1.0%	7.8%	2.5%	91.1%	1.9%
New Bedford	0.9%	17.9%	8.1%	81.1%	0.7%
Plymouth	1.6%	4.6%	1.8%	94.6%	0.7%
Taunton	1.8%	8.3%	3.9%	89.9%	0.4%
SES	2.8%	11.5%	5.6%	86.8%	0.7%
<b>Statewide</b>	<b>3.6%</b>	<b>17.1%</b>	<b>10.9%</b>	<b>79.9%</b>	<b>0.9%</b>

**Figure 37**

**Massachusetts Rehabilitation Commission  
VR Primary Disability Impairment by Area Office, Actively Served Clients,  
SFY2015**

<b>Area Office</b>	<b>Sensory/ Communicative Impairments</b>	<b>Physical Impairments</b>	<b>Psychological/Cognitive Impairments</b>
Greenfield	2.0%	18.8%	79.3%
Holyoke	10.9%	23.1%	66.0%
Pittsfield	12.4%	16.6%	71.0%
Springfield	13.2%	17.6%	69.1%
Fitchburg	3.4%	30.2%	66.4%
Milford	2.5%	20.1%	77.5%
Sturbridge	2.3%	18.7%	79.0%
Worcester	11.2%	15.5%	73.4%
Framingham	2.3%	18.5%	79.3%
Lawrence	12.9%	15.9%	71.2%
Lowell	1.6%	15.3%	83.1%
Salem	1.5%	15.0%	83.5%
Malden	1.6%	20.3%	78.2%
Somerville	21.1%	12.8%	66.1%
Boston	0.8%	18.1%	81.1%
Roxbury	1.3%	21.9%	76.8%
Braintree	18.7%	13.9%	67.4%
Brockton	1.3%	21.2%	77.6%

Fall River	1.2%	17.5%	81.4%
Hyannis	0.5%	23.5%	75.9%
New Bedford	9.6%	15.1%	75.3%
Plymouth	1.5%	22.1%	76.4%
Taunton	9.9%	16.6%	73.6%
SES	1.2%	8.7%	90.1%
<b>Statewide</b>	<b>6.6%</b>	<b>18.0%</b>	<b>75.4%</b>

### **Massachusetts Employment and Labor Market Synopsis**

MRC believes that analyzing and looking at labor market information is useful to ensure a quality and effective VR program. MRC's robust account management system is designed for us to hear first from employers regarding their specific labor market needs. MRC has several employer advisory boards strategically located across the Commonwealth through which we receive labor market information.

MRC also develops Labor market summaries on a metropolitan, state, and national level which are shared with staff on a monthly basis. As of January 2016, data from the Massachusetts Office of Labor and Workforce Development indicated the state's seasonally adjusted employment rate was 4.7%. This is 0.2% below the national rate of 4.9% from the same time period. The state's unemployment rate has dropped by 0.5% over the past twelve months. The state and federal unemployment rate have generally been in closer proximity during the past year than in the past. Both during and in the period after the recession, Massachusetts had an unemployment rate lower than the Federal rate. During 2012 Massachusetts began moving back towards the federal rate, and in November 2012 the state rate exceeded the federal rate for the first time in several years. In the last year, both the State and Federal unemployment rate decreased. In January 2016, Massachusetts lost 2,500 jobs, however has achieved a net gain of 48,900 jobs in the past year. This is slightly lower than the net job gain of 60,900 jobs in 2014. There is a notable spread between unemployment rates across Massachusetts between and within geographical statistical areas, although the spread has narrowed considerably in the past two years, ranging from 3.7% in the Framingham metropolitan division to 3.9% in the Boston-Cambridge-Quincy metropolitan division to 6.2% in the Lawrence-Methuen-Salem (NH) metropolitan division and 6.9% in the New Bedford NECTA. Based on Workforce Investment Area (WIA), unemployment rates range from 3.5% in Metro South Boston to 7% in the Cape and Islands WIA. Massachusetts has in past years had one of the largest spreads between the lowest and highest unemployment rates of all national metropolitan

employment divisions. The good news is that the unemployment rate remained steady or fell in 2015 across most geographical statistical areas in Massachusetts.

MRC continues to work to develop ways to continue to increase and expand its use of labor market information to improve services to MRC consumers and employer partners and increase employment of individuals with disabilities in Massachusetts.

### **Consumer Occupational Interests in IPE versus Occupations Consumers are Obtaining**

In 2012, MRC's Research, Development, and Performance Management Department began developing annual data reports seeking to examine the differences between the types of occupations consumers are seeking versus the types of occupations consumers are becoming successfully employed in. Comparisons are conducted using Standard Occupational Code (SOC Code) and Standard Occupational Code group categories of the vocational goals of current actively served consumers (Statuses 12-22) compared to the SOC code and SOC group categories of the jobs consumers are being placed into (Status 22) as well as successfully employed in (90 days or more of employment or Status 26). Analysis was conducted on a statewide, regional, and area office basis for SFY2015.

Additionally, this information was compared with labor market information and information on jobs in demand to compare jobs consumers are interested in and being placed into along with the demand for these jobs in Massachusetts based on the most recent data available. These findings are being used to assist MRC counselors and placement staff in better matching consumers' job interests and skills to available job opportunities and occupational areas. In addition, these findings suggest that some consumers may not have the skills to obtain a job in a particular occupational area. These findings can assist MRC counselors in directing consumers to education and skills training services which may assist them in obtaining jobs in some of these areas. Detailed findings have been drafted and shared with MRC senior management and placement staff. An update is planned for 2016.

Here are some summary findings from the FY2015 analysis looking at the statewide level. More details can be found in the Appendix document.

1. Looking at specific occupations on a statewide level, the top 3 SOC codes of occupational goals in consumers' plans in 2014 were Social and Human Service Assistants (3.4% of consumers), Substance Abuse and Behavioral Disorder Counselors (2.7%), and Retail Salespersons (2.2%). The first two were in the top 3 SOC codes in consumer IPEs in 2014, and Retail Salespersons was the #4 SOC code in consumer IPEs in 2014. Of these three, only Retail Salespersons was among the top 3 SOC codes for occupations consumers were placed and successfully employed in during SFY2015. Substance Abuse and Behavioral Disorder Counselors was the 16th most common placement and 14<sup>th</sup> most common employment outcome SOC code in SFY2014 amongst MRC consumers (1.7% of placed consumers and 1.8% of successfully employed consumers). This was slightly lower than SFY2014, where it was the 12<sup>th</sup> most common placement and 12<sup>th</sup> most common employment outcome.
2. Bureau of Labor Statistics data indicates Substance Abuse Counselors and Social and Human Service Assistants occupations have higher demand in Massachusetts than in other states, suggesting that there may be numerous available jobs for consumers interested in these occupations if they possess the skills and qualifications.
3. Retail Salespersons was the only occupation which fell into the top 5 SOC codes for consumers in terms of occupational goals, at job placement, and at successful closure. Retail Salespersons was the top SOC code for placed and successfully employed consumers in SFY2015 (5.1% of all placed and 5.1% of all successfully closed consumers). Demand for this occupation in Massachusetts is consistent with levels in other states. Nursing Assistants is also consistent as a very common occupation as an IPE goal, placement, and successful outcome. (#5 SOC code at placements and successful closures and #6 for occupational goals on consumer IPEs)
4. When looking at SOC code categories, which look at occupational areas in a broader sense; statewide, in SFY2015, the top 5 SOC groups for vocational goals of actively served consumers were Office and Administrative Support (12.1%), Community and Social Service (11.5%), Personal Care and Service (6.8%), Healthcare Support (6.8%), and Sales and Related Occupations (6.2%). Of these, only Office and Administrative Support and Sales and Related occupations were amongst the top 5 SOC groups for placed and successfully employed consumers during SFY2015.
5. The top 4 SOC group categories for consumers at placement and at successful closure during SFY2015 were Sales and Related Occupations, Office and Administrative Support Occupations, Food Preparation and Serving Occupations, and Transportation and Materials Moving. Healthcare Support



was the #5 category for placed consumers, and Community and Social Service Occupations was the #5 category for successfully employed consumers. Of these 5 categories, only Office and Administrative Support and Sales and Related occupations were in the top 5 for both placement and closure amongst the top 5 SOC categories of jobs consumers have as vocational goals in their plans (#1 and #5 categories, respectively).

6. The most notable change between FY2015 and FY2016 were an increase in the number and proportion of placements and successful outcomes for Healthcare Support Occupations, and in the SOC code area, notably an increase in the number and proportion of placement and successful outcomes for consumers in Home Health Aides, Nursing Assistants, Sales and Related Workers, Customer Service Representatives, and a decrease in Janitors and Cleaners, Dishwashers, and Substance Abuse and Behavioral Disorder Counselor placements and successful outcomes. There were few notable variations in the SOC group areas.
7. Analysis was conducted to look at the average and range of weekly hours worked and average hourly wages for successful employment outcomes for SOC detailed codes and SOC high level categories. There was a notable range in wage and hours worked for all top SOC categories and specific occupations, more in certain areas than others. Average hourly wage also varied, especially in the SOC high level categories. Not surprisingly, occupational categories which tend to have higher educational and/or higher technical skills had higher average wages. Overall, Architecture and Engineering Occupations had the highest hourly average wage, but only 15 or 0.4% of employment outcomes were in this category. Community and Social Service, Education and Training, and Healthcare Support occupations had the highest average hourly wages amongst the top 10 SOC categories for employment outcomes.
8. Once again, there is consistency between most of the top occupational categories in consumers' IPEs and between consumer responses on occupational areas of interest from the Needs Assessment survey.

**TOP 10 JOBS AND OCCUPATIONAL CATEGORIES ON IPE, IN PLACEMENT, AND IN SUCCESSFUL  
EMPLOYMENT, SFY2015, WITH DEMAND FACTOR AND MEDIAN HOURLY WAGE FOR MASSACHUSETTS,  
2014**

Figure 38

**TOP 10 JOBS**

**IPE**

<b>SOC Code</b>	<b>Top 10 Jobs Written on IPEs</b>	<b>LQ*</b>	<b>Median Wage</b>
21-1093	Social and Human Service Assistant	2.03	\$14.96
21-1011	Substance Abuse Counselor	1.71	\$18.77
41-2031	Retail Sales	1.01	\$10.68
43-5081	Stock and Order Clerks	.98	\$11.41
21-1099	Community and Social Services Specialist	.74	\$16.62
31-1014	Nursing Assistant	1.16	\$14.02
15-1199	Miscellaneous Computer Occupations	.90	\$44.43
43-9199	Misc. Office & Administrative Support Workers	.48	\$23.43
41-9099	Sales and Related Workers	.46	\$24.34
43-9061	Office Clerks, General	.87	\$15.99
<b>Total</b>	<b>Average</b>	<b>1.03</b>	<b>\$19.47</b>

**Placement**

<b>SOC Code</b>	<b>Top 10 Jobs for Initial Placement</b>	<b>LQ*</b>	<b>Median Wage</b>
41-2032	Retail Sales	1.01	\$10.68
43-5081	Stock and Order Clerks	.98	\$11.41
41-9099	Sales and Related Workers	.46	\$24.34
41-2011	Cashiers	.82	\$9.70
31-1014	Nursing Assistant	1.16	\$14.02
37-2011	Janitors and Cleaners	1.02	\$14.48
35-9099	Misc. Food Preparation and Serving Workers	.71	\$16.85
35-2021	Food Preparation	.96	\$10.85
31-1011	Home Health Aides	1.07	\$12.86
43-4051	Customer Service Representative	.87	\$18.21
<b>Total</b>	<b>Average</b>	<b>.91</b>	<b>\$14.34</b>

**Successful Employment**

<b>SOC Code</b>	<b>Top 10 Jobs for Successful Employment Outcomes</b>	<b>LQ*</b>	<b>Median Wage</b>
41-2031	Retail Sales	1.01	\$10.68
43-5081	Stock and Order Clerks	.98	\$11.41
41-2011	Cashiers	.82	\$9.70
41-9099	Sales and Related Workers	.46	\$24.34
31-1014	Nursing Assistant	1.16	\$14.02
35-9099	Misc. Food Preparation and Serving Workers	.71	\$16.85
37-2011	Janitors and Cleaners	1.02	\$14.48
35-2021	Food Preparation	.96	\$10.85
21-1093	Social and Human Service Assistants	2.03	\$14.96
31-1011	Home Health Aides	1.07	\$12.86
<b>Total</b>	<b>Average</b>	<b>1.02</b>	<b>\$14.02</b>

### TOP 10 OCCUPATIONAL CATEGORIES

Figure 39

#### **IPE**

<b>SOC Category</b>	<b>Top 10 Occupational Categories on IPEs</b>	<b>LQ*</b>	<b>Median Wage</b>
21-1000	Community and Social Services	1.42	\$20.37
43-0000	Office and Administrative Support	0.93	\$18.57
39-0000	Personal Care and Service	1.01	\$12.49
31-0000	Healthcare Support	1.09	\$14.70
41-0000	Sales and Related	0.93	\$13.61
27-0000	Arts, Design, Entertainment, Sports & Media	1.07	\$24.43
29-0000	Healthcare Practitioners & Technical	1.22	\$35.04
25-0000	Education and Training	1.08	\$27.50
35-0000	Food Preparation and Related	0.95	\$10.55
15-0000	Computer and Mathematical	1.43	\$43.79
<b>Total</b>	<b>Average</b>	<b>1.11</b>	<b>\$22.16</b>

#### **Placement**

<b>SOC Category</b>	<b>Top 10 Occupational Categories for Initial Placement</b>	<b>LQ*</b>	<b>Median Wage</b>
41-0000	Sales and Related	.93	\$13.61
43-0000	Office and Administrative Support	.93	\$18.57
35-0000	Food Preparation and Related	.95	\$10.55
53-0000	Transportation and Material Moving	.72	\$15.61
31-0000	Healthcare Support	1.09	\$14.70
37-0000	Building, Grounds Cleaning, & Maintenance	.99	\$14.87
21-0000	Community and Social Services	1.42	\$20.37
39-0000	Personal Care and Service	1.01	\$12.49
51-0000	Production and Manufacturing	.73	\$17.18
25-0000	Education and Training	1.08	\$27.50
<b>Total</b>	<b>Average</b>	<b>.99</b>	<b>\$16.55</b>

#### **Successful Employment**

<b>SOC Category</b>	<b>Top 10 Occupational Categories for Successful Employment Outcomes</b>	<b>LQ*</b>	<b>Median Wage</b>
41-0000	Sales and Related	.93	\$13.61
43-0000	Office and Administrative Support	.93	\$18.57
35-0000	Food Preparation and Related	.95	\$10.55
53-0000	Transportation and Material Moving	.72	\$15.61
21-0000	Community and Social Services	1.42	\$20.37
31-0000	Healthcare Support	1.09	\$14.70
37-0000	Building, Grounds Cleaning, & Maintenance	.99	\$14.87
39-0000	Personal Care and Service	1.01	\$12.49
51-0000	Production and Manufacturing	.73	\$17.18
25-0000	Education and Training	1.08	\$27.50
<b>Total</b>	<b>Average</b>	<b>.99</b>	<b>\$16.55</b>

**\*LQ= location quotient, measures extra demand in an area for a particular job category. 1= normal demand, 2= twice as much demand as other places, etc. Baseline is for Massachusetts compared to national average.**

**Source: MA EOLWD and US Bureau of Labor Statistics**

**MRC Return on Investment (ROI) Facts, SFY2015:**

Individuals with disabilities successfully placed into competitive employment:	<b>3,737</b>
Average Hourly Wage for Employed Consumers:	<b>\$12.98</b>
Average Work Hours per Week for Employed Consumers:	<b>26.8</b>
Total Annual Earnings for Consumers Placed into Employment:	<b>\$67,546,877</b>
Estimated Public Benefits savings from Employed Consumers:	<b>\$28,027,500</b>
Projected Annual Massachusetts Income Tax Paid by Employed Consumers:	<b>\$2,266,246</b>
Projected Annual Federal Income Tax Paid by Employed Consumers:	<b>\$4,400,478</b>
Consumers placed into employment with medical insurance:	<b>96.0%</b>
Return to society based on increase in lifetime earnings for consumers placed into employment, FY2015*:	<b>\$835,679,446</b>
Return to society based on returns to government in the form of increased taxes and reduced public assistance payments, FY2015**:	<b>\$298,456,945</b>

*\*Based on Commonwealth Corporation Study on ROI that \$14 is returned to society based on increases in lifetime earnings for each \$1 invested in the MRC Vocational Rehabilitation program.*

*\*\*Based on Commonwealth Corporation Study on ROI that \$5 is returned to the government for each \$1 invested in the MRC Vocational Rehabilitation program.*

**Conclusion, Recommendations, and Suggested Alternatives**

MRC's 2015 Comprehensive Statewide Needs Assessment (CSNA) consisted of a comprehensive process consisting of a web-based survey of active consumers, focus group, and analysis of key facts, trends, outcomes, demographics, analysis of staff training needs and findings from the Consumer Satisfaction Survey of closed consumers, a counselor survey, a vendor/provider survey, an employer survey, and a youth internship survey, among other key reports.

Through this analysis, the CSNA has identified the needs of individuals with disabilities in Massachusetts including the need for supported employment, the services of primary importance to active VR consumers, and has identified and evaluated the needs of youth with disabilities and students with disabilities, including their need for pre-employment transition services or other transition services, as well as the needs of the overall workforce investment system in the Commonwealth of Massachusetts. The data and findings included here will be considered in agency policy on the development of new

programs as well as changes to current programs to better serve consumers and individuals with disabilities. In addition, the CSNA is an integrated part of MRC's Strategic Planning, State Planning, and overall quality assurance activities. Findings, recommendations, and strategies from the CSNA report will be incorporated into MRC's section of the Vocational Rehabilitation portion of the Massachusetts WIOA Combined State Plan, MRC's Strategic Planning efforts, among others. The findings will be shared with MRC Senior Management, the Statewide Rehabilitation Council, VR staff, other key stakeholders, and will be disseminated through the MRC's website.

The results of the 2015 CSNA confirm that a majority of MRC consumers require multiple vocational rehabilitation services and supports to assist them in reaching their vocational and independent living goals. There is also a high need for transportation and Community Living (CL) services amongst many consumers. There appears to be a higher need for some VR, transportation, and Community Living services amongst individuals of diverse ethnic and racial backgrounds (particularly African-Americans and Hispanics) as well as among consumers with psychological or cognitive disabilities.

The results also suggest many consumer require supported employment and ongoing and extended employment supports and a high need for transition services, including pre-employment transition services amongst youth and high school students with disabilities in Massachusetts.

The results also suggest many individuals with disabilities in Massachusetts are significantly impacted by economic conditions, a variable job market, and the high cost of living in Massachusetts.

The following services were identified by MRC consumers as most important and needed services:

1. Job placement
2. Vocational/career counseling
3. Supported employment services
4. Benefits planning
5. Work readiness training
6. Ongoing supports to assist to maintain employment
7. Job/vocational training
8. Assistance with college education/tuition assistance
9. On-The-Job Training and Job Driven Training

10. Assistance with information on transportation and public transit
11. Donated Vehicle Program
12. Driver's education
13. Assistance or referrals to supports for affordable and accessible housing
14. Assistive technology – including home modifications
15. Consumer Involvement Program
16. Information and referral to other supportive services.

The CSNA also confirms that transition services for youth and high school students with disabilities are important and needed services. Results throughout the CSNA demonstrate a need for these services, including pre-employment transition services among high school students with disabilities and youth consumers of transition age and MRC is working to address this need through its WIOA initiatives. MRC is working closely with local school districts on transition and WIOA pre-employment transition services, including those provided under the Individuals with Disabilities Education Act (IDEA). MRC has a counselor assigned to every public high school in the Commonwealth and have developed strong working relationships with the Department of Elementary and Secondary Education.

The majority of consumers indicate the MRC is providing services that are meeting their vocational needs and assisting them with maintaining their independence in the community; and the majority of consumers denoted that they are satisfied with the services they are receiving. In addition, the vast majority of consumers also appear to be satisfied with the development of their Individualized Plan for Employment (IPE).

Many consumers expressed strong praise and gratitude for the hard work and support provided by MRC and its counseling staff. It is clear that MRC and its staff make a significant positive impact on the lives of many of its consumers. The level of positive feedback from consumers this year was exceptionally notable. Many consumers indicated that MRC and its staff have assisted them tremendously through assistance going to college or job training programs, providing interview preparation assistance, mock interviews, and job search assistance; referrals to training programs; obtaining assistive devices such as hearing aids and vehicle modification, assistance with transportation, and finding other services and supports, among others. In addition, many consumers described how their counselor's counseling and

guidance, overall positive attitude, and dedication to their work have been very beneficial to them in terms of staying motivated and on target to make progress toward their goals.

It is also clear that many consumers have been affected by the overall economy, health issues, and other factors including the high cost of living in Massachusetts. Many consumers may also benefit from referrals to services provided by other agencies and organizations that may assist them in addressing some of these challenges.

Some areas for improvement identified by consumers included maintaining communication and regular contact with their counselor, more information about available services, improved communication with consumers impacted by staff turnover, and information and referrals to other agencies and services. It is also evident there may be a level of misunderstanding amongst some consumers over what the MRC can and cannot do for them. Additionally, some consumers may have a misunderstanding about the importance of their active contribution and involvement to the VR process to assist them in moving towards their goals. The results also suggest that long term consumers served over 10 years and consumers with higher levels of education, were more likely to indicate MRC as not currently meeting their VR needs compared to others. On the flip side, a higher proportion of minority consumers, especially African-Americans and Hispanics, felt MRC is meeting their needs. This should be looked into in more depth.

As the Commonwealth becomes more diverse, MRC continues to serve a higher number of consumers from diverse ethnic and racial backgrounds. Over the past 10 years, MRC has seen an increase in African-American, Hispanic, and Asian consumers. There also has been a slight growth in Native American consumers. Through the CSNA process, the MRC again has identified Asian and Pacific Islanders as being slightly underserved by the MRC's Vocational Rehabilitation program compared to their proportion in the overall state population. African-Americans are served by the MRC at a much higher rate than their rate in the overall population. Hispanic consumers are served by MRC at a rate consistent with their rate in the general population. As growth in the Asian community continues to be seen in the state's general population, it is recommended that MRC continues its outreach efforts to Asian communities.

Overall, mental health, psychological, and cognitive disability impairments make up the largest proportion of MRC consumers. Psychiatric disabilities has remained the largest disability over the past decade. Over the past decade, there have been increases in consumers served with learning disabilities (+3.4% since FY2011) and psychiatric disabilities (+3% since FY2011) while there has been a decrease over the past decade in consumers with substance abuse issues (as a primary disability), traumatic brain injuries, and developmental disabilities. The disability profile also varies significantly by MRC Area Office.

The majority of MRC counselors are satisfied with their ability to assist individuals with disabilities in obtaining competitive employment based on their skills, interests, needs, and choices. MRC counselors are generally satisfied with most services provided to consumers, including internal job placement services, services from Community Rehabilitation Providers, and education and training provided to consumers by schools and colleges. Communication with consumers and providers was also identified by MRC counselors as an area for improvement. Counselors identified some areas that would assist them in doing their job better, including improved support and resources for job placement, including increased information on job leads for consumers, additional on-the-job training and other training resources, continued enhancements to the MRCIS system, among others.

Most consumers appear to be satisfied with services received from Community Rehabilitation Providers (CRPs). The majority of MRC staff also indicate that they are generally satisfied with CRP services. The recent addition of new CRP and expansion of other CRP programs through the Competitive Integrated Employment Services (CIES) program appears to have addressed many consumer needs. It is apparent there still may be some areas where additional CRP capacity is needed to cover certain geographic areas or specific populations and this should be examined closer by MRC. The reopening of the Competitive Integrated Employment Services (CIES) RFR in the future or expansion of existing CRPs may address this. Finally, improved communication and information flow between CRPs and MRC staff, more information on consumer referrals, and continued efforts to streamline paperwork processing may assist in improving service delivery to consumers and lead to more successful employment outcomes.

The CSNA has also identified areas where additional MRC staff training may assist in improving the quality and effectiveness of VR services delivered to MRC consumers. MRC's training needs plan,



workforce plan, and case review findings recommend continued trainings on transition services and WIOA implementation, job readiness/job placement activity trainings, refresher training on the MRCIS case management system; trainings on VR best practices, policies, and procedures, including evidence-based best practices, and proper documentation of records. MRC continues to face high levels of staff turnover due to retirements projected to continue at a high rate through the decade. MRC's workforce plan has assisted in alleviating the situation through recruitment of new staff through VR counseling graduate student interns and through manager, supervisor, and aspiring supervisor trainings and workshops to assist in preparing current staff to become future agency leaders. Additionally, MRC has added counselor, job placement, and employment specialist positions using reallotment funding over the past few years with the intent of rolling staff into permanent positions as vacancies open. The agency successfully used this practice with ARRA funding in 2009 through 2011.

Finally, in order to meet the needs of individuals served through other components of the Statewide Workforce Development System, MRC continues its efforts to collaborate with other core partners in the workforce investment system to reduce unemployment of individuals with disabilities and to provide effective services to employers throughout the state, to seek out collaborative opportunities including possible projects and grants that may assist individuals with disabilities across Massachusetts in obtaining competitive employment, and to continue to work closely together on WIOA implementation including common performance measures, and developing methods to track shared consumers across the workforce system, among others.

**Actions Taken from the 2014 Comprehensive Statewide Needs Assessment Through MRC's State Plan and Strategic Planning Processes:**

In the past year, the MRC has undertaken a number of steps to address the findings and suggested alternatives from the 2014 Needs Assessment. These include the following:

**1. Continued utilization of CSNA results to promote program development and planning, including integration into WIOA implementation, Combined State Plan, Strategic Plan, Performance Management and Quality Assurance Initiatives:**

MRC continues to utilize the CSNA, both its findings and recommendations to drive program development and planning. The CSNA has been integrated into MRC's performance management and quality assurance activities. CSNA findings were incorporated into MRC's strategic plan and the

VR section of the Massachusetts Combined State Plan. MRC's section of this plan incorporated revised measurable goals and objectives based on the findings and recommendations from the CSNA. MRC will be revising its strategic plan in the near future and will utilize CSNA findings to drive the process. MRC has also used CSNA findings to help plan for new programs and services as a result of WIOA.

## **2. Efforts to Provide Better Information on Services:**

The MRC continues its efforts provide updated and more consistent and comprehensive information on its services with the goal of providing consistent and improved information on available services. MRC continues to work on developing new informational brochures, including those directed at youths and students with disabilities and their families, and has revised its consumer handbook for VR consumers. MRC is also working on developing an update of a uniform consumer orientation video for use by VR area offices and is working on a generic MRC informational video and a youth-centered video. The Needs Assessment Committee is also working on development of a simple catalog listing all available MRC services to be of assistance to consumers and staff. Additionally, MRC is researching the potential of acquiring electronic signs to put in local area offices as a medium to provide program and other important information to consumers coming into the offices. MRC also has increased the use of social media to convey information on the agency to consumers and the general public.

## **3. Focus on Improving Communication between Consumers and Counselors including Efforts to Increase Utilization of Electronic Resources to Communicate with Consumers**

Findings from the Needs Assessment Survey, Counselor Survey, Satisfaction Survey, and other elements of the CSNA suggest that some consumers experience some difficulties staying in contact with their counselor and vice versa. This has been shared with senior management and VR staff and the agency is exploring ways to improve communication. MRC has taken steps to increase use of electronic communication through promoting the collection of email addresses in the MRCIS system and new capacity to email correspondence letters to consumers directly from the system. The agency is also evaluating e-mail to text message capacity to assist with communication as requested by staff and consumers.

**4. Efforts to Increase Collection of Valid Email Addresses for VR consumers:**

MRC continues to place an emphasis on the importance of collecting and updating valid consumer email addresses in the MRCIS Case Management System through mentions in trainings and meetings with managers. This focus continues to be effective, as the proportion of actively served consumers with an email address in the system continues to grow, increasing by 5% in 2014. In early 2015, MRC rolled out an enhancement to allow correspondence letters to be emailed directly to consumers. This previously only could be done via regular mail. This enhancement should lead to further increases in email addresses in MRCIS and preliminary results confirm this. An e-learning for counselors on the importance of collecting e-mail addresses is also planned for development

**5. Extension of Donated Vehicle Program through FFY2016:**

Based on the high demand and the demonstrated impact of the program, the MRC has utilized reallocation funding to extend the Donated Vehicle Program through Good News Garage through the end of FFY2016 (September 30, 2016). MRC plans to issue a new RFR for the Donated Vehicle Program to cover services beyond September 2016 based on the availability of funding.

**6. Collaboration with Independent Living Centers:**

MRC continues to work with the Independent Living Centers in Massachusetts in a number of ways. One way MRC works with the ILCs is to provide services to assist consumers transitioning from school to work through short term vocationally oriented services. Known as the Transitional Internship Program (TIP), the program is designed to assist young consumers with the transition from school to post-secondary education and employment through employment-related soft skills training, guidance, and paid summer internships with various employers. This program is being tied into WIOA pre-employment service efforts and is being expanded in 2016. TIP is conducted in coordination with local schools and VR offices. The program currently operates with seven ILCs across the Commonwealth and is expected to expand to an 8<sup>th</sup> ILC.

MRC also continues its VR-IL contract program to provide employment-oriented services such as soft skills to VR consumers. MRC has also issued a multi-million dollar procurement for the provision of pre-employment transition services to high school students with disabilities. 20 community providers,

including ILCs, have been awarded contracts which began in January 2016. MRC continues to explore additional collaboration with the ILCs.

## **7. Efforts to Improve Services to Transition-Age Consumers:**

As transition-aged youth comprise many MRC VR referrals, and with the strong emphasis on serving youth and students with disabilities under WIOA, including pre-employment transition services, the agency continues to focus on how to best serve these consumers. MRC has undertaken numerous efforts to serve youth and high school students with disabilities and continues its efforts to expand pre-employment transition services (PETS) to students with disabilities. As mentioned before, MRC has rolled out a multi-million dollar procurement for the provision of pre-employment transitions services provided by community-based providers and Independent Living Centers, continues to operate programs such as the Transitional Internship Program (TIP), the Youth Leadership Forum, and other efforts to assist youths and students with disabilities in successful transition from school to post-secondary education, employment, and independent living. In 2015, MRC operated summer programs for over 175 consumers which included job readiness training and summer work-based learning experiences through paid internships with employer partners across the Commonwealth, including with CVS Pharmacy. These programs also included soft skills and work readiness training, job coaching, and other wrap-around services.

MRC continues to work to identify and promote best practices on transition, continuing collaboration with local schools and Community Colleges, and ensuring that information on pre-employment transition services and the transition planning process is available to consumers and their families. MRC has developed an MOU with the Department of Elementary and Secondary Education on the provision of individualized transition services for students with disabilities that lead to successful post-school outcomes in competitive integrated employment, postsecondary education and training, and community living.

## **8. Continued Expansion of On-The-Job Training and Employer Engagement Efforts:**

MRC continues to expand employer engagement, job-driven trainings, and On-The-Job training programs for consumers. MRC has developed recognized job-driven training programs with CVS Pharmacy, Advanced Auto Parts, Enterprise Rent A Car, Home Depot, and is working on a food

service training program. Utilization of OJTs also continue to increase, and successful employment outcomes through OJTs increased by 24% in FY2015.

MRC continues to focus on continued engagement with employers through its employer account management system, OJTs, job-driven training, and efforts such as the Annual Federal Contractor Hiring Event, with the goal of increasing employment outcomes for MRC consumers. These efforts have proven to be successful to date and will continue to assist with WIOA implementation. MRC also held its first employer conference on October 28, 2015 to strengthen relationships with existing employers and to develop new ones.

#### **9. Staff Trainings and Workforce Planning Efforts to Assist in Improving Service Delivery to VR Consumers:**

The CSNA has identified areas where additional MRC staff training may assist in improving the quality and effectiveness of VR services delivered to MRC consumers. These areas have been shared with the MRC training department and its advisory council and are incorporated into the upcoming year's training plan. MRC will also be updating its workforce plan in 2016 and continues recruitment of new staff through VR counseling graduate student interns. MRC also developed a best practices manual for job placement to assist in improving job placement services and outcomes for MRC consumers. Finally, a series of new counselor, job placement specialist, and employment specialist positions funded through reallocation funds were added over the past several years to improve service delivery and internal job placement services. The intent is to try to roll as many individuals as possible into permanent positions as vacancies open. This was successfully done in the past with ARRA and reallocation funds and has been a key element of MRC's workforce plan.

#### **10. Increase Consumer Awareness of Transportation Options Available to Them:**

The MRC has developed a series of fact sheets to assist consumers in better understanding some of the transportation options available to assist them. One describes recent revisions to eligibility and appeal processes for the MBTA's The Ride services. Another fact sheet discusses the process and procedure to obtain/apply for a Transportation Access Pass (TAP). Finally, a third fact sheet provides general resources and information on the various Regional Transportation Authorities (RTAs) throughout the state. The fact sheets have been completed and have been publicly posted on MRC's website and

provided to the MRC Training Department. MRC plans to update and refine these fact sheets in 2016. MRC will also be attending a disability-related mobility transportation conference in spring 2016 and will brief senior management on best practices. MRC also works with the Executive Office of Health and Human Service Transportation office on transportation for consumers. MRC will continue to work with transportation agencies to explore other transportation options for consumers.

**11. Outreach to Communities of Ethnic and Diverse Backgrounds on Vocational Rehabilitation and other MRC service offerings:**

The MRC has made a commitment to outreach to individuals with the most significant disabilities who are also ethnic and cultural minorities by hiring bilingual staff to outreach more effectively to those communities, through outreach to local community agencies and organizations, especially those that serve ethnic and cultural minorities, and other methods, including the Asian community.

MRC continues efforts to reach out to minority communities including the Asian community. A Language Access Plan has been developed based on information on language prevalence in the state overall and by county. As part of its plan, MRC materials and brochures have been shared with the bilingual staff committee and have been translated into multiple languages, including Spanish, Mandarin Chinese, Khmer, Vietnamese, Russian, Portuguese, and Haitian Creole. MRC has been proactive in its translation to be able to meet the needs of its consumer population as only Spanish currently meets the 5% language threshold required by state regulation. This year, MRC completed a major effort to translate all MRCIS correspondence letters in the above languages. These have been made available to all staff and the long term goal is to incorporate these translated letter directly into the system through a system enhancement.

**12. Continue to enhance methods and products to assist with Job Matching and providing additional job leads to consumers and counselors:**

MRC has undertaken several efforts in this area including rollout of the ResuMate software system to allow staff to match consumer skills from resumes to required skills from job leads. Other products are also being researched including InFor. MRC is also promoting the team model used in some offices where the JPS, ESS, and the counselor work together as a team to assist consumers in obtaining employment as a best-practice model.

### **13. Collaboration with Community Rehabilitation Programs:**

The MRC continues to collaborate with Community Rehabilitation Programs through the Partnership Plus Advantage Program. The MRC also continues to conduct an annual survey of Community Rehabilitation Programs (CRPs) as part of the CSNA process, to assess the need to improve these programs within Massachusetts and these findings are factored into the recommendations of the CSNA. MRC has also recently brought on new CRP partners into the Competitive Integrated Employment Services (CIES) program and has expanded a number of existing providers based on the need for additional vendor capacity identified in the past two CSNA reports. MRC also continues regular meetings with the Statewide Providers Council, representing many CRPs who provide services to MRC consumers, to enhance and improve communication, address concerns, and assist in improving service delivery. MRC also has contracted with 20 CRPs to provide pre-employment transition services to high school students with disabilities across the state. These programs began in early 2016.

### **14. Collaboration with the Statewide Workforce Investment System:**

MRC is closely working with its core partners in the Massachusetts Workforce System, including the Executive Office of Labor and Workforce Development, including the One-Stop Career Centers (American Job Centers), Statewide and Local Workforce Investment Boards, Adult Education, Department of Secondary and Elementary Education, Wagner-Peyser, among others on WIOA implementation, to increase linkages between programs, and increase collaboration and innovation. MRC is a member of numerous WIOA steering committees and workgroups, and MRC continues to increase collaboration with other core partners in the workforce investment system with the goal of reducing unemployment amongst individuals with disabilities in Massachusetts.

The MRC Commissioner is a member of the State Workforce Investment Boards and the agency maintains a presence at the Massachusetts Career Centers and on State and Local Workforce Investment Boards (WIBs). MRC has job placement specialists and other assigned VR staff who work closely with local Career Centers to provide high quality services to people with disabilities seeking expanded employment opportunities. MRC also participates in a business strategy workgroup between key workforce partners as part of the Commonwealth's effort to coordinate services to

employers amongst partner agencies. MRC subscribes to the established key principles to guide business services amongst key partner agencies and will work closely with WIOA core partners to expand services to employers.

#### **15. Efforts to Enhance Extended and Ongoing Support Services to Employed Consumers:**

MRC recently updated its Memorandum of Understanding with the Department of Developmental Services to identify day habilitation individuals and provide transition community based services to achieve supported employment outcomes. Under the agreement, the MRC will fund these individuals' employment initially through supported employment funding, with DDS agreeing to use their state dollars to provide the long term supports these individuals would need to maintain their employment. In addition, the MRC continues to operate the Partnership Plus Advantage Program which provides extended supports to employed consumers receiving SSI and/or SSDI in collaboration with community rehabilitation programs with the goal of reducing recidivism among VR consumers. MRC has also entered into MOUs with the State Medicaid program, the Department of Mental Health, and other programs which provide long term supports for individuals with disabilities to increase collaboration regarding long term supports for individuals with disabilities so they can maintain and advance in competitive employment.

#### **16. Efforts to Enhance the CSNA Process and Tools:**

Once again, MRC made a number of enhancements to the CSNA process and report to improve its quality, to account for WIOA changes, and to make it a more comprehensive and useful process for the agency, its consumers, its providers, and individuals with disabilities across Massachusetts. MRC uses a continuous quality improvement process with the CSNA process and is always seeking to improve the process so it best assesses the needs of its consumers and individuals with disabilities, including youth and high school students with disabilities. These enhancements were reviewed and supported by the SRC Needs Assessment Committee. MRC will continue to refine the CSNA process in collaboration with the SRC.



## **Suggested Alternatives:**

### **1. Continue to utilize findings to promote program development, assist with WIOA implementation, and planning within the agency:**

The findings and recommended alternatives from the CSNA should continue to be used by agency management for planning purposes and remain an integrated part of its strategic planning and WIOA Combined State Plan efforts for short and long range resource planning activities and future program development activities. The CSNA has and should continue to be used to inform agency planning efforts relative to the implementation of WIOA.

### **2. Focus on improving communication between consumers and counselors:**

Findings from the Needs Assessment Survey, Counselor Survey, Satisfaction Survey, and other elements of the CSNA suggest that some consumers experience some difficulties staying in contact with their counselor and vice versa. This is also evident when looking at the closure reasons for consumers closed unsuccessfully from the VR program. A task force or workgroup consisting of VR staff from all levels is recommended to further review this issue and develop strategies to improve communication between counselors and consumers on their caseload. MRC should also look at ways to improve communication with consumers on caseloads where there are vacancies while they are being refilled. A focus on reducing Status 28 unsuccessful closures and continued use of electronic methods of communication including email and text message may also assist in this area.

Communication is a two-way street, and the results suggest a need for improvement in communication on both the counselor and consumer end.

### **3. Continue efforts to enhance information to consumers and potential consumers on available services:**

Based on the results of the Needs Assessment survey and focus group, it appears some consumers are not fully aware of some of the supports and services provided by the MRC, especially Community Living Services. In addition, the findings of the Needs Assessment Survey, Consumer Satisfaction Survey, and the Counselor Satisfaction Survey all suggest some consumers do not fully understand what the MRC can and cannot do for them, and that some consumers may not completely understand their role and participation in the VR process. The good news is that this was less pronounced in this year suggesting that there is continued improvement in this area. MRC should continue to address this

finding through its marketing initiative being undertaken by the MRC as well as through the use of social media and other methods.

It is recommended the MRC continue to look at ways to provide more comprehensive information about services beyond its consumer orientation video(s) and comprehensive consumer handbook, including training staff both on what other internal MRC services are available to consumers, and consider creating or obtaining an inventory, guide, or list of external resources and agencies the MRC counselors can refer consumers to. This could be put in MRC offices and on the website.

There also appears to be some uncertainty on the part of consumers regarding self-employment assistance that MRC can provide. An update or revision of any documentation or handbook on self-employment services should be considered. These efforts should be beneficial to consumers.

Development of a simple catalog listing all available MRC services may also be of assistance to consumers and staff. This will assist in setting realistic expectations and better inform potential consumers if they are at the right door. The Needs Assessment Committee has begun developing a guide. Additionally, MRC is researching the potential of acquiring electronic signs to put in local area offices as a medium to provide program and other important information to consumers coming into the offices.

#### **4. Continue ongoing efforts to improve services to youth consumers including high school students with disabilities:**

As transition-aged youth comprise a large portion of MRC VR referrals, and with the strong emphasis on serving youth and students with disabilities under WIOA, including pre-employment transition services, it is very important that the agency continue to focus on how to best serve these consumers, whose needs often differ from traditional adult VR cases. MRC should continue its efforts to expand pre-employment transition services (PETS) to students with disabilities through its new PETS procurement with community-based providers and Independent Living Centers, continue its summer Area Office internship programs, the Transitional Internship Program (TIP), the Youth Leadership Forum and consider other efforts to provide services to youth and students. MRC should continue its efforts to improve services to youths and students with disabilities through identifying and promoting best practices, continuing collaboration with local schools and Community Colleges, and ensuring that information on pre-employment transition services and the transition planning process is available to

consumers and their families and to staff, MRC offices, and schools. MRC is also working to finalize new transition brochures for students, families, schools, and other stakeholders. MRC should continue to participate in webinars and trainings on transition services, research strategies and models to continue to expand pre-employment transition services to students with disabilities and come up with strategies to refer additional youth consumers to the Statewide Employment Services office for supported employment services.

**5. Continue to develop pre-employment transition services for high school students with disabilities in coordination with local educational authorities:**

It is recommended that MRC continue its efforts to develop and coordinate the delivery of pre-employment transition services (PETS) to students with disabilities with local educational authorities and the Department of Elementary and Secondary Education (DESE). MRC has developed an MOU with DESE on the provision of individualized transition services for students with disabilities that lead to successful post-school outcomes in competitive integrated employment, postsecondary education and training, and community living.

**6. Continue to expand services to employers and coordinate employer services with other core workforce partners:**

MRC's should continue to expand its efforts to provide services to employers through its account management system, employer advisory boards, the annual statewide hiring event, and other efforts designed to assess and meet the needs of employers and consumers alike. MRC also participates in a business strategy workgroup between key workforce partners as part of the Commonwealth's effort to coordinate services to employers amongst partner agencies.

**7. Continue efforts to collaborate with other components of the Workforce Investment System in Massachusetts to serve the needs of individuals with disabilities:**

The MRC should continue its efforts to collaborate with other core partners in the workforce investment system to reduce unemployment of individuals with disabilities and to provide effective services to employers throughout the state; to seek out collaborative opportunities including possible projects and grants that may assist individuals with disabilities across Massachusetts in obtaining competitive employment; and to continue to work closely together on WIOA implementation

including common performance measures, and developing methods to track shared consumers across the workforce system, among others. The MRC Commissioner is a member of the State Workforce Investment Boards and the agency maintains a presence at the Massachusetts Career Centers and on State and Local Workforce Investment Boards (WIBs). It is recommended that the MRC's job placement specialists and other assigned VR staff continue to work closely with local Career Centers to provide high quality services to people with disabilities seeking expanded employment opportunities.

It is recommended that MRC continue to work in collaboration with other core partners under WIOA to survey and identify the needs of individuals working with other components of the Workforce system. MRC should expand and continue its efforts to consult with core partners on the identified needs of their consumers as it relates to accessibility and access to employment opportunities, employment training, and provide employer trainings on disability awareness and job accommodations.

**8. Continue to promote on-the-job training and job driven trainings to increase employment opportunities for individuals with disabilities:**

MRC has demonstrated over the past several years that On-The-Job Training (OJT) and Job Driven Trainings are important and effective tools for training and employing consumers in competitive jobs in many industries and occupations. These are also effective tools to assist in eliminating stigma against consumers with disabilities by demonstrating the abilities and skills of individuals with disabilities directly to employers in their workplace. OJT and Job Driven Trainings were identified as important services by 70% of consumers in the Needs Assessment survey and counselors have also identified the need for additional OJTs and Job-Driven Trainings. MRC should also continue to evaluate the outcomes of its Job Driven Training programs with CVS Health, Advance Auto Parts, and other employer partners. MRC should continue to build off of these collaboration as a model to use with other companies to establish similar programs with the goal of increased employment outcomes for consumers and as a way to market the skills and abilities of individuals with disabilities to the private sector and to meet employer needs.

**9. Continue staff trainings and workforce planning efforts to assist in improving service delivery to VR consumers:**

The CSNA has identified areas where additional MRC staff training may assist in improving the quality and effectiveness of VR services delivered to MRC consumers. Based on these findings, trainings on the implementation of WIOA; Job readiness/job placement activity trainings (resume writing, local job markets/labor market information, career assessments, etc.); Refresher training on the MRCIS case management system; Counselor, supervisor and management trainings on VR best practices, policies, and procedures, and effective practices for supervision. In addition, the agency should continue its efforts to create e-learnings for staff on a variety of topics. It is also recommended MRC continue its workforce planning efforts to continue recruitment of new staff through VR counseling graduate student interns and continue to provide ongoing manager, supervisor, and aspiring supervisor trainings and workshops to assist in preparing current staff for promotional opportunities within the agency.

**10. Consider continuing the Donated Car Program beyond FY2016 based on available resources:**

The Donated Car Program currently operated in partnership with Good News Garage was again one of the top transportation resource needs specified by consumers. As mentioned before, the program has been extended through FFY2016. The program has been very successful over the past several years in assisting consumers in obtaining transportation to assist them with going to work based on an analysis of employment outcomes and a satisfaction survey. Consumers receive a donated vehicle that is repaired and inspected for safety and receive training on how to maintain and register a vehicle. Consumers must have the resources to register, insure, and maintain the vehicle.

**11. Continue to improve collaboration with Independent Living Centers:**

Independent Living Centers (ILCs) remain important partners to MRC who can provide additional peer-driven supports to MRC consumers to assist them in their efforts to obtain employment and maintain independence in the community. Given that only 30% of consumers are aware of the ILC in their area, the MRC should continue to improve referrals and collaboration between VR offices and the ILCs. In addition, MRC should consider efforts to increase consumer awareness of the ILCs, especially among individuals with psychological and cognitive disabilities. In addition to leveraging existing VR-ILC contracts, MRC should also consider open houses, joint orientations, or other meetings and presentations in collaboration with the ILCs. Joint marketing efforts could also be considered. Collaborations such as the Transitional Internship Program, and the new PETS

procurement are a good example of beneficial collaborations with the ILCs, and MRC should continue to explore new possibilities for collaboration with the centers.

**12. Continue to increase consumer awareness of transportation options and explore efforts to assist consumers with transportation:**

This year's Needs Assessment demonstrates that transportation remains a significant need for many MRC consumers. MRC should refine and update its transportation fact sheets on MRC's website and incorporate these into trainings and informational materials. Development of other informational materials and training should be considered to assist consumers in learning about other available resources including local Councils on Aging and the EOHHS Human Service Transportation (HST) Office. In addition, MRC should research collaboration with MassRides, the Massachusetts Department of Transportation, Career Centers, the HST office and other organizations on projects or programs that might be able to assist consumers with transportation, given that transportation is a systemic issue requiring collaboration on multiple levels.

**13. Continue outreach to communities of ethnic and diverse backgrounds on vocational rehabilitation and other MRC service offerings, especially in the Asian community:**

The MRC has made a commitment to reach out to individuals with the most significant disabilities who are also ethnic and cultural minorities through its Diversity Committee and through its Language Access Plan. The MRC should continue these outreach efforts to ethnic and cultural minorities, especially to the Asian community, which has been identified as slightly underserved by the VR program in Massachusetts. MRC should focus on how to reach out effectively to these communities, including conducting outreach to local community agencies and organizations that serve ethnic and cultural minorities, among other methods. It is also recommended the MRC continue its efforts through its marketing initiative to reach out to the Asian community and other minority communities, and complete the translation of all letters from MRCIS into all identified languages in the language plan and incorporate them into the system. The SRC Unserved/Underserved Committee should add reaching out to the Asian community to their agenda. Furthermore, it is recommended that the MRC's Diversity Committee, the SRC Needs Assessment Committee and Unserved/Underserved committee

consider meeting jointly to come up with ideas for enhanced outreach to minority communities, including the Asian community.

**14. Increase utilization of electronic resources to communicate with consumers:**

Once again, a number of consumers recommended that MRC utilize more electronic methods to communicate with consumers, such as e-mails, text messages, social media, Skype, and other similar methods. Counselors also indicated they would like more tools to communicate with consumers including email to text messaging. It is recommended that MRC should continue to consider ways to increase electronic communication with consumers, including text messaging. This may also improve consumer to counselor communication and may potentially assist in reducing the number of consumers closed out unsuccessfully because they cannot be located. A series of staff trainings on electronic communication should be considered. This will become more important in the future as consumers are more and more versed in communicating electronically and as MRC moves towards a fully paperless VR case management system. Other states have used text messaging and online dashboards as communication tools. These should be researched as potential alternatives.

**15. Continue to further refine the Comprehensive Statewide Needs Assessment process for WIOA requirements and reach out to additional consumers:**

The agency should continue its process of continuous improvement to the CSNA process with input from the SRC Needs Assessment Committee, and should continue to review RSA guidance, final WIOA regulations, and best practices from other states as part of this process. The process of continuous improvement has been very beneficial and has led to a strong annual product that has resulted in actions being taken to address its recommendations and findings. Other states have also come to MRC to learn about our CSNA process. Consumer needs are a dynamic, moving target, and as new policies and new priorities are established, consumer needs will continue to evolve. The CSNA will need to be enhanced and modified to assist with the implementation of new WIOA reporting, performance, and state planning requirements based on the final rules expected in June 2016. MRC should also continue to use the CSNA to inform further studies and analyses based on its findings.

Finally, it is recommended that the MRC work with the Committee to discuss how to reach out to more consumers to identify their needs, especially in underserved populations such as the Asian community, through methods such as population-specific focus groups being considered. The translation of the Needs Assessment survey into Spanish and other languages should also be considered.

**16. Continue to enhance methods and products to assist with job matching and providing additional job leads to consumers and counselors:**

The MRC should continue its efforts to enhance efforts to match consumers' interests and skills with potential occupational areas and job opportunities. MRC has undertaken several efforts in this area including rollout of the ResuMate software system to allow staff to match consumer skills from resumes to required skills from job leads. Other products are also being researched including InFor. These efforts will assist MRC counselors and placement staff in better determining what direction to point consumers in to assist them in obtaining employment. Both MRC counselors and consumers expressed the desire for improved job matching and increased sharing of job leads that could lead to employment outcomes for consumers. The team model used in some offices where the JPS, ESS, and the counselor work together as a team to assist consumers in obtaining employment should be considered as a best-practice model that can be adopted across offices.

**17. Continue to assist community rehabilitation programs:**

It is recommended the MRC continue its efforts to assist and improve Community Rehabilitation Programs across Massachusetts. CSNA findings suggest that the recent addition of additional vendor capacity in terms of new CRP vendors and expanded vendors have assisted in meeting needs for CRP capacity to serve MRC consumers. However, it appears additional CRP capacity may be needed in some areas, both geographically and to serve specific populations. Upcoming rate increases to the Competitive Integrated Employment Service (CIES) procurement should assist CRPs. MRC is also working with CRPs to provide pre-employment transition services to high school students with disabilities. MRC should continue to refine and evaluate its PETS procurement based on outcomes and results in collaboration with providers.



It is also recommended that MRC continue efforts to improve communication and information flow between CRPs and MRC to using a team communication approach with the provider, counselor, supervisor, and regional contract supervisor, and continue regular meetings and communication with the Providers Council. It is also recommended the MRC continue its collaboration with CRPs through the Partnership Plus Advantage Program.

**18. Continue to evaluate and research computer and technology skills trainings or web-based trainings and assessments for consumers to assist in obtaining employment:**

As the world becomes more mobile and electronic, it becomes increasingly important the MRC assist consumers in preparing for employment by developing and refining skills in using technology. A number of consumers indicated the desire for trainings and workshops on computer skills and other technology. MRC refers consumers to a web-based system called the Manpower Training and Development Center (TDC) to undergo industry-based assessment, evaluation, and skills development. MRC also recently purchased access to web-based assessment tools for counselor use. The MRC should continue to evaluate results of its efforts in terms of employment outcomes and its overall benefit to consumers, and continue to research computer and technology skills trainings, and web-based assessment, training, and evaluation solutions to assist consumers with preparing for and obtaining employment.

**19. Consider creation of a guide or list to assist in procuring products and materials from vendors:**

In the Counselor Satisfaction Survey, some counselors indicated they would benefit from additional information about available vendors and the materials they supply. It is recommended that a guide or list of resources providing more information about available vendors for purchasing items for consumers be developed. This guide would list available vendors and the particular products/materials that are provided by each vendor.

**20. Continue to focus on collecting valid email addresses for VR consumers:**

MRC should continue its emphasis on the importance of collecting, recording, and maintaining valid email addresses in the MRCIS system. While the proportion of consumers with email addresses has increased significantly over the past five years, notable variations between some area offices in terms

of the proportion of consumers in each office with an email address in the MRCIS system still exist. In addition, as job search processes have become more electronic, it is important that consumers have a valid and appropriate email address to apply for positions online and communicate with employers. A certain percentage of MRC consumers may not have an email address when they begin services. In these situations it is important for MRC counselors to assist the individual with setting up a free email account such as Gmail or Hotmail. It is also very likely that many consumers have active email accounts, but this information is not being recorded. MRC implemented an enhancement to the MRCIS case management system which allowed emailing of official letters and other correspondence from counselors to consumers. Preliminary findings suggest this has further increased the proportion of email addresses in MRCIS. Obtaining more email addresses will benefit consumers in improving their ability to find competitive employment as well as assisting counselors in maintaining regular contact with their consumers. This will also assist in improving quality of data stored in MRCIS, leading to improved communication with consumers and facilitating higher response rates to electronic surveys. It is recommended that MRC complete an E-learning training for staff on email addresses and continue to emphasize the importance of recording addresses in relevant trainings and bulletins.

**21. Attempt to increase the number of vendors for driver’s education and training the next time the procurement is opened:**

Over the past several years, the CSNA findings demonstrate a number of consumers who indicate they need driver’s education services through survey results and open-ended responses. It is recommended that MRC should research the next time the Adaptive Driver Evaluation and Training Procurement will be opened for new vendors, and at that time should consider attempting to increase the number of qualified vendors under the RFR to assist with improving driver’s education and adaptive evaluation services to consumers.

**Figure 40**

**Key for RSA Primary Disability Impairments**

<b>RSA Disability Impairment</b>	<b>High Level Disability Category</b>
Blindness	Sensory/Communicative
Other Visual Impairments	Sensory/Communicative
Deafness, Primary Communication Visual	Sensory/Communicative

Deafness, Primary Communication Auditory	Sensory/Communicative
Hearing Loss, Primary Communication Visual	Sensory/Communicative
Hearing Loss, Primary Communication Auditory	Sensory/Communicative
Other Hearing Impairments (Tinnitus, Meniere's Disease, hyperacusis, etc.)	Sensory/Communicative
Deaf - Blindness	Sensory/Communicative
Communicative Impairments (expressive/receptive)	Sensory/Communicative
Mobility Orthopedic/Neurological Impairments	Physical/Orthopedic
Manipulation/Dexterity Orthopedic/Neurological Impairments	Physical/Orthopedic
Both mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments	Physical/Orthopedic
Other Orthopedic Impairments (e.g., limited range of motion)	Physical/Orthopedic
Respiratory Impairments	Physical/Orthopedic
General Physical Debilitation (fatigue, weakness, pain, etc.)	Physical/Orthopedic
Other Physical Impairments (not listed above)	Physical/Orthopedic
Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)	Psychological/Cognitive
Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)	Psychological/Cognitive
Other Mental Impairments	Psychological/Cognitive